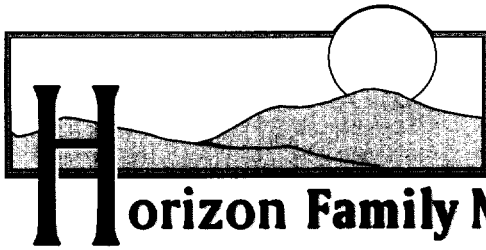


2520042392436



Ciro Attardo, M.D.

**Horizon Family Medical Group**

1160 Route 17M  
P.O. Box 549  
Chester, NY 19018  
Phone: (914) 469-4211  
Fax: (914) 469-2339

February 2, 1998

Secretary of Labor  
Top-Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Horizon Medical Group, P.C. Deferred Compensation Plan

Dear Secretary:

Pursuant to Section 2520.104-23 of the Department of Labor's Regulations, this letter will serve as notice that, with respect to the Horizon Medical Group, P.C. Deferred Compensation Plan (the "Plan"), the undersigned intends to utilize the alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974 ("ERISA"), which alternative form of compliance is provided in the aforesaid Regulations Section.

Pursuant to Regulations Section 2520.104-23(b), the following information is provided:

1. Name and Address of Employer: Horizon Medical Group, P.C.  
c/o Ciro Attardo, M.D.  
Family Practice Center, Route 17M  
Chester, N.Y. 10918
2. Employer's Identification Number: 06-1494923
3. The Employer hereby declares that it maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The Employer hereby states that it maintains Horizon Medical Group, P.C. Deferred Compensation Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and the number of employees in such Plan is as follows:
  - a. Horizon Medical Group, P.C. Deferred Compensation Plan: 10

Pursuant to Regulations Section 2520.104-23(b)(2), the Employer will provide Plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Very truly yours,

Horizon Medical Group, P.C.

By: 



**Horizon Family Medical Group**

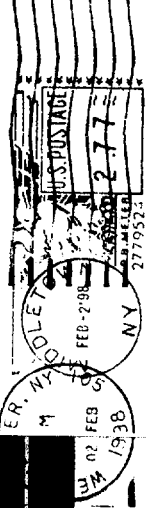
1160 Route 17M  
P.O. Box 549  
Chester, NY 10918

Fold at line over top of envelope to the right of the return address.

**CERTIFIED**

Z 217 312 269

**MAIL**



*Secretary of Labor  
Top-Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210*

**RETURN RECEIPT  
REQUESTED**

