	MINIT # Page							
DOCU 1. Entity Name	MENT # P0200	00122657						
L	larlon's He	DICAL SERVIC	ces. INC		f**** 1.1			
1. Entity Name HARION'S HEDICAL SERVICES INC				•				
			same		03 JAN -9 PM 12: 47			
1820	W 53 ST LEAH FL 3	# 512						
HIA	LEAH FL 3	3012			SECRETARY TALLAHASSEE	, FLORIDA	i.	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		1820 w 53 ST Suite, Apt. #, etc. # 5/2			DO NOT WRITE IN THIS SPACE			
820 W 3				4. FEI Number		1 1	oplied For	
14112		City & State HIALEAIA	PL		6-0719607	No	ot Applicable	
Zip 330	Country	330/2	Country	5. Certificate of St	tatus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Currer	nt Registered Agent	Name		tress of New Registere	d Agent		
				N ES TO R ess (P.O. Box Number is 1	Bonet			
	*							
		•		<u></u>	#512	• Zin Cod	<u> </u>	
			I City ZZ	1/2014		Zip Cod	-	
7 The shows	a comed active submits this statement	for the numbers of changing its		ALEIAH	the State of Elevida	<u> </u>	30/2	
8. The above	e named entity submits this statement	for the purpose of changing its		_ -		<u> </u>	3012	
8. The above			registered office or regis	istered agent, or both, in	the State of Florida.	-, 22		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	registered office or regis	istered agent, or both, in		-, 22		
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IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR