Florida Department of State

Division of Corporations

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Harmony Medical Services Inc.

Certificate of Status	1
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4/6/2007

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Harmony Medical Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Harmony Medical Services Inc. 1304 Osprey Nest Lane Port Orange, FL 32128 2001 APR -6 AMII: 07
SECRETARY OF STATE
AND AHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Sheree Urich 1304 Osprey Nest Lane Port Orange, FL 32128

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Sheree Urich - President/Director 1304 Osprey Nest Lane Port Orange, FL 32128

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sheree Urich 1304 Osprey Nest Lane Port Orange, FL 32128

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of March 2007.

Sheree Urich - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: Harmony Medical Services Inc.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

	Sheree Urich		
	Name	_	
	1304 Osprey Nest Lane	_	
	(P.O. Box or Mail Drop Box NOT Acceptable)		
•	Port Orange, FL 32128	_	
	(City / State / Zip)		
•	•		
	y. I further agree to comply with the provisions of all the		
	erformance of my duties, and am familiar with and acce	statutes	
relating to the proper and complete p	erformance of my duties, and am familiar with and acce	statutes	
relating to the proper and complete p	erformance of my duties, and am familiar with and acce	statutes	
relating to the proper and complete p	erformance of my duties, and am familiar with and acce	2001 APR - SECRETA TALLAHAS	
relating to the proper and complete p	erformance of my duties, and am familiar with and acce	2001 APR -6 statutes spt the TALLAHASSE	
relating to the proper and complete p	erformance of my duties, and am familiar with and acce ed agent.	2001 APR - SECRETA TALLAHAS	
relating to the proper and complete p	erformance of my duties, and am familiar with and acce	2001 APR -6 statutes spt the TALLAHASSE	