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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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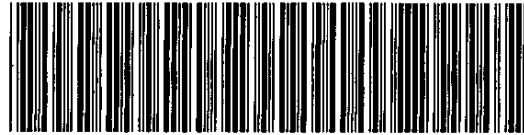
(Business Entity Name)

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2007 JUL 30 P 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE JUL 30 2007

Health Management Co.
P.O. Box 2014
Tarpon Springs,
FL 34688

July 6, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

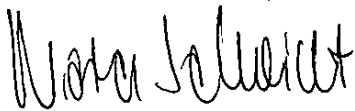
To whom it may concern:

We are sending to you articles of Corporation with a \$70.00 check to register our corporation.

We also would like to register a fictitious name for this corporation "Hemaco".

Please send us the necessary forms for it and the fee.

Thank you for your help.

A handwritten signature in black ink, appearing to read "Nora Schmidt", written in a cursive style.

Nora Schmidt



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2007

NORA SCHMIDT
715 E LIME STREET #310
TARPON SPRINGS, FL 34689

SUBJECT: HEALTH MANAGEMENT CO. OF PINELLAS INC.
Ref. Number: W07000032320

We have received your document for HEALTH MANAGEMENT CO. OF PINELLAS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

I have enclosed a Fictitious Name application for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 207A00043667



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2007

NORA SCHMIDT
715 E LIME STREET #310
TARPON SPRINGS, FL 34689

SUBJECT: HEALTH MANAGEMENT CO. OF PINELLAS INC.
Ref. Number: W07000032320

You failed to make the correction(s) requested in our previous letter.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

You must complete the fictitious name application according to the instructions. Please call, if you have questions, as I am unable to contact you by telephone.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 207A00043667

ARTICLES OF INCORPORATION
OF
Health Management Co. of Pinellas Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME/ PRINCIPAL STREET ADDRESS

The name of this Corporation is Health Management Co. of Pinellas Inc.
The principal street address is 715 E. Lime Street #310, Tarpon Springs, FL 34689

ARTICLE II DURATION

The Corporation shall have a perpetual existence.

ARTICLE III PURPOSE

The purpose of this Corporation is to engage in any activities or business permitted under the Law of the United States and Florida.

ARTICLE IV CAPITAL STOCK

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 10,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE V INITIAL REGISTERING OFFICE AND AGENT

THE INITIAL REGISTERING office of this Corporation shall be at
715 E. Lime Street #310, Tarpon Springs, FL 34689

The initial registering agent of this Corporation at such office shall be Nora Schmidt who, upon accepting this designation agrees to comply with the provisions of Section 48.091 Florida Statutes, as amended from time to time, with respect to keeping an office open for the service of process.

ARTICLE VI INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two (2) members.
The number of directors may increase or decrease from time to time by the By-laws but shall never be less than one (1). The names and addresses of the initial directors of this Corporation are:

Socorro Barriga
715 E. Lime Street #310
Tarpon Springs, FL 34689

Nora Schmidt
715 E. Lime Street #310
Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is:

Name

Address

Nora Schmidt

715 E. Lime Street #310
Tarpon Springs, FL 34689

Nora Schmidt

STATE OF FLORIDA
COUNTY OF ~~PINELLAS~~ *Pinellas*

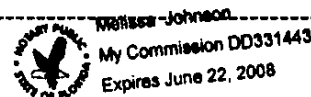
Nora Schmidt
Incorporator

The foregoing Articles of Health Management Co. of Pinellas Inc. were acknowledged before me this 2nd day of July 2007.

My Commission expires:

June 22, 2008

Melissa Johnson
Melissa Johnson



ACCEPTANCE OF REGISTERING AGENT

Having been named to accept service of process for Health Management Co. of Pinellas Inc. at the place designated in the Articles of the Corporation, Nora Schmidt agrees to act in this capacity and agrees to comply with the provisions of Section 28.091 relative to keeping open such office.

DATE: July 2, 2007

Nora Schmidt

REGISTERING AGENT

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CLERK OF STATE
TALLAHASSEE, FLORIDA