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(Requestor's Name)

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(City/State/Zip/Phone #)

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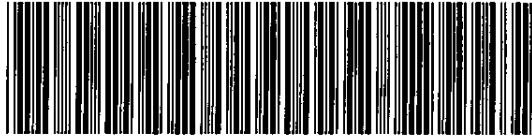
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/24/07

COVER LETTER

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

SUBJECT: QUANTUM Medical Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: APRIL A. ADAMS
Name (Printed or typed)

13245 Pecky Cypress Drive
Address

JACKSONVILLE, FL. 32223
City, State & Zip

904-254-9214
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *QUANTUM MEDICAL SERVICES, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *13245 Pecky Cypress Drive
JACKSONVILLE, FL. 32223*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Consulting*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*APRIL A. ADAMS, President
13245 Pecky Cypress Drive
JACKSONVILLE, FL. 32223*

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

April A. Adams
13245 Pecky Cypress Drive
JACKSONVILLE, FL. 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

April A. Adams
13245 Pecky Cypress Drive
JACKSONVILLE, FL. 32223

Article VIII - Effective date: JAN. 1, 2008

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

April A. Adams
Signature/Registered Agent

12-19-07
Date

April A. Adams
Signature/Incorporator

12-19-07
Date

07 DEC 21 AM 11:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED