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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: HARMONY SURGICAL DESIGNS, INC. (Name of Corporation) DOCUMENT NUMBER: P11000073989 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rene (Name of Person) The Draves Law Firm, P.A. (Name of Firm/Company) 120 E. Concord St. (Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Rene .407 .4

(Name of Person) (Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Geddes Brown	Director, Vice President & Se	ecretary
	(Title)	
	SICAL DESIGNS, INC.	,
	ne of Corporation)	
P11000073989 (Document Number, if known)	, a corporation organized under the laws of the State o	f
Florida		
	<u>—</u> ·	
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	(Signature of resigning officer/director)	SEC IVISII
		14 SER
		1987 1.81
	FILING FEE IS \$35.00	5

Amendment Section
Division of Corporations

Make checks payable to Florida Department of State and mail to:

P.O. Box 6327 Tallahassee, Florida 32314