FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P92000010134 HARMONY SERVICES, INC. 01-20-2000 90214 018 ***158.75 Mailing Address Principal Place of Business 600 UNIVERSITY DRIVE 600 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-6957 CORAL SPRINGS FL 33071 3. Mailing Address 600 UNIVERSITY DR 2, Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For SPRINGS FU 4. FEI Number 65-0372951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33071 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALTMAN, HAROLD Street Address (P.O. Box Number is Not Acceptable) 600 UNIVERSITY DRIVE **CORAL SPRINGS FL 33071** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete GOOUNIVERSITY DRIVE CORAL SPRINGS FL 33071 GOOUNIVERSITY DRIVE CORAL SPRINGS - FL 33071-NAME ALTMAN, HAROLD STREET ADDRESS STREET ADDRESS 8016 HIBISCUS CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE TITLE ☐ Delete NAME ALTMAN, BARRY S. NAME STREET ADDRESS 4749 NW 98TH LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: