equestor's Name)	,	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
, (Business Entity Name)		
(Document Number)		
_ Certificates	of Status	
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE FIORIDA



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Apex Therapeutic Care, Inc. (Name	of Corporation)
DOCUMENT NUMBER: F9900000275	2
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	this matter to the following:
Robin Flynn (Name of Contact Person)	
Critical Care Systems Internation (Firm/Company)	al, Inc.
61 Spit Brook Road, Suite 505 (Address)	
Nashua, NH 03060 (City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Robin Flynn (Name of Contact Person)	at (603) 888-1500 ext. 25103 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F9900002752 (Document numb	per of corporation (if known)
1 Apex Therapeutic Care, Inc.	
* ·	rs on the records of the Department of State)
_{2.} California	45 9
(Incorporated under laws of)	(Date authorized to do business in Florida) ECTION II
	Y THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corpora its jurisdiction of incorporation? June 12, 2006	
5. CCS America, Inc. (Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new	suffix "corporation," "company," or "incorporated," or name of the corporation)
(If new name is unavailable in Florida, enter alterna business in Florida)	ate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, is	ndicate new period of duration.
4)	New duration)
7. If the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.
(Signature of a director, president or other officer - if of a receiver or other court appointed fiduciary, by the	in the hands
John C. Prior	C.F.O. & Secretary
(Typed or printed name of person sig	ning) (Title of person signing)

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 9TH day of FEBRUARY, 1998, CCS AMERICA, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 26, 2007.



DEBRA BOWEN Secretary of State