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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION APEX DIAGNOSTICS AND TREATMENT CENTER INC.

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February 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: APEX DIAGNOSTICS AND TREATMENT CENTER INC

REF: W16000014061

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A But But

Only the Registered Agents signature is required on acceptance.

Please return 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 Filling of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H16000047853 Letter Number: 716A00003913

P.O BOX 6327 - Tallahassee, Florida 32314

CELEBRITY REHAB & MEDICAL CENTER

No. 1946 P. 2 | H 1 60 0 0 0 4 7 8 5 3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the poration is:

ARTULE I TOMES: THE name of the poration is.	}
APEX DIAGNOSTICS AND TREATMENT CENT	EL
ARTICLE II PRINCIPAL OFFICE:	NC.
The principal street address and mailing address is: 10422 SW 94 th 31 MIAMI, FL 83194	
ARTICLE III SHARES: The number of shares of star is: 100	
ERNIE HERNANDEZ - 50% (VP) STEPHANIE BUTKA - 50% (P)	
SEC SEC	55
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is: Stephanie Butka 16422 5w 94 th st Mipmi, FL 33196	
ARTICLEVI INCORPORATOR: The name and address of the Incorporator is: Ernje Hernandez 10422 Swag4 th St	
Miami FL 33196	

01/06/2034 03:34 Feb. 23. 2016 11:04AM

CELEBRITY REHAB & MEDICAL CENTER

#5290 P.004/004

No. 1946 P. 3

16 FEB 25 PH 12: H61 60 00 04 785 3

SECRETAR OF STATE

Required Signatures:

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

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$,817.155, F.S.

H160000278#3