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4/29/98

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: ATLANTIC MEDICAL GROUP, INC.

AUDIT NUMBER.....H98000008117

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.P.

CERT. OF STATUS..1

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** ENTER 'M' FOR MENU. **

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TA-4/30/98

CERTIFICATE OF INCORPORATION
OF
ATLANTIC MEDICAL GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR 29 AM 8:59

FILED

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: ATLANTIC MEDICAL GROUP, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be rehabilitation of patients and diagnostic and to have all powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be 1014 S.W. 9th Avenue, Miami, Florida 33130.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICER</u>	<u>POST OFFICE ADDRESS</u>
CARMEN NAVARRO	President	1014 S.W. 9th Avenue Miami, Florida 33130
VICTOR MILANES	Vice-President	1014 S.W. 9th Avenue Miami, Florida 33130

7. The name and post office address of the subscriber to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which

Prepared By: DANIEL M. KEIL
 3165 West 4 Ave.
 Hialeah, Fl. 33012
 (305) 883-6600

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will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
CARMEN NAVARRO	25	\$250.00
VICTOR MILANES	25	\$250.00

8. DANIEL M. KEIL, ESQ., is hereby designated as the Registered Agent for the corporation and his address is 3165 West 4th Avenue, Hialeah, Florida.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 29 day of April, 1998, for the uses and purposes aforesaid.


CARMEN NAVARRO, PRESIDENT


VICTOR MILANES, Vice-President

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared CARMEN NAVARRO AND VICTOR MILANES. Describer and person described in who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, [☒] who is personally known to me or [☐] who produced the following identification _____ and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 28 day of April, 1998.


Notary Public, State of FL.

My Commission Expires:

OFFICIAL
BRIDGE
NOTARY PUBLIC
COMMISSION

ARY SEAL
CABADA
ATE OF FLORIDA
CC40514

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA NAMING AGENT UPON WHOM PROCESS MY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the
following is submitted:

ATLANTIC MEDICAL GROUP, INC.

desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business at the City of Miami,
State of Florida, has named DANIEL M. KEIL, Esq. located at 3165
West 4th Avenue, Hialeah, Florida, as its Agent to accept service
of process within Florida.


CORPORATE OFFICER
TITLE Resident
DATE 4/29/98

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES.


RESIDENT AGENT

DATE 4/29/98

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