

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90011 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L79502**

1. Corporation Name  
**THE HOLLOWAY REHABILITATION AND PAIN CENTER, INC**



Principal Place of Business <b>C/O AARON HOLLOWAY JR. Jenette Holloway</b> 8353 S.W. 124TH STREET SUITE 106 MIAMI FL 33156	Mailing Address <b>C/O AARON HOLLOWAY JR. Jenette Holloway</b> 8353 S.W. 124TH STREET SUITE 106 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/12/1990</b>	
4. FEI Number <b>65-0199895</b>		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOLLOWAY, AARON JR. Holloway, Jenette</b> 8353 S.W. 124TH STREET SUITE 106 MIAMI FL 33156				10. Name and Address of New Registered Agent 81 Name <b>Jenette Holloway</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8353 S.W. 124th Suite 106</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33156</b>			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Jenette Holloway* 3/16/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	HOLLOWAY, AARON	1.1 TITLE	Holloway, Jenette		
STREET ADDRESS	8353 S.W. 124TH STREET	1.2 NAME	8353 S.W. 124th President	1.3 STREET ADDRESS	Miami, FL 33156 Suite 106		
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP		2.1 TITLE	Holloway, Aaron		
TITLE	VD	NAME	HOLLOWAY, JENETTE L.	2.2 NAME	8353 S.W. 124th Suite 106		
STREET ADDRESS	8353 S.W. 124TH STREET	2.3 STREET ADDRESS	Miami, FL 33156	2.4 CITY-STATE-ZIP	V-President		
CITY-STATE-ZIP	MIAMI FL	3.1 TITLE		3.2 NAME			
TITLE	SD	NAME	HOLLOWAY, SEAN M.	3.3 STREET ADDRESS			
STREET ADDRESS	8353 S.W. 124TH STREET	3.4 CITY-STATE-ZIP		4.1 TITLE			
CITY-STATE-ZIP	MIAMI FL	4.2 NAME		4.2 NAME			
TITLE	TD	NAME	HOLLOWAY, VANESSA L.	4.3 STREET ADDRESS			
STREET ADDRESS	8353 S.W. 124TH STREET	4.4 CITY-STATE-ZIP		5.1 TITLE			
CITY-STATE-ZIP	MIAMI FL	5.2 NAME		5.2 NAME			
TITLE		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP			
CITY-STATE-ZIP		6.1 TITLE		6.1 TITLE			
TITLE		6.2 NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jenette L. Holloway* 3/16/99 305-235-0450  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #