

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L79502

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



Principal Place of Business

**12245 SW 112TH ST
MIAMI, FL 33186**

Mailing Address

**12245 SW 112TH ST
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0199895

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLLOWAY, JENETTE
12245 SW 112TH ST
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HOLLOWAY, AARON
STREET ADDRESS	12245 SW 112TH ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	PD
NAME	HOLLOWAY, JENETTE L.
STREET ADDRESS	12245 SW 112TH ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	HOLLOWAY, SEAN M.
STREET ADDRESS	12245 SW 112TH ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	TD
NAME	SANDOVAL, YOLANDA
STREET ADDRESS	12245 SW 112TH ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Yolanda Sandoval*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05

Date

(786) 423-0681

Daytime Phone #