2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2006
Secretary of State

DOCUMENT# L79502

Entity Name: THE HOLLOWAY REHABILITATION AND PAIN CENTER, INC.

Current Principal Place of Business:

12245 SW 112TH ST
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12245 SW 112TH ST
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0199895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: JENETTE L. HOLLOWAY
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HOLLOWAY, AARON,
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

Title: PD ( ) Delete
Name: HOLLOWAY, JENETTE L.,
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete
Name: HOLLOWAY, SEAN M.,
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete
Name: SANDOVAL, YOLANDA
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: HOLLOWAY JR., AARON,
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HOLLOWAY, SEAN M.,
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

Title: SD (X) Change ( ) Addition
Name: SANDOVAL, YOLANDA
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON HOLLOWAY JR. VD 09/22/2006
Electronic Signature of Signing Officer or Director — Date