2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2010
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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HOLLOWAY JR., AARON
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

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

Title: TD
Name: HOLLOWAY, VANESSA L.
Address: 12245 SW 112TH ST
City-St-Zip: MIAMI, FL 33186

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

I hereby 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 all other like empowered.

SIGNATURE: JENETTE HOLLOWAY VD 09/07/2010

Electronic Signature of Signing Officer or Director — Date