

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Corporate Annual Report REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 04 MAY 14 AM 10:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PO3000001474 1. Limited Liability Company's Name Homestead Chiro Rehab Center, Inc.

2. Principal Office Address 4021 N. Andrews Ave Suite, Apt. #, etc. #6 City & State Ft. Lauderdale, FL Zip 33309 Country USA 3. Mailing Office Address 4021 N. Andrews Ave Suite, Apt. #, etc. #6 City & State Ft. Lauderdale, FL Zip 33309 Country USA

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 01-06-2003 6. FEI Number 06-11069609 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name DR. Gina Trizza Street Address (P.O. Box Number is Not Acceptable) 4021 N. Andrews Ave Suite, Apt. #, Etc. #6 City Ft. Lauderdale State FL Zip Code 33309

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent [Signature] Date 04/22/04 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR DR. Sal Pellegrino, 4021 N. Andrews Ave, #6 Ft. Lauderdale, FL 33309

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. Signature of Managing Member/Manager [Signature] Date 4/22/04 Daytime Phone # (954) 396-3908

CR2E041 (10/02)