2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# P04000154845

Entity Name: HEALING HANDS REHAB CENTER, INC.

Current Principal Place of Business:

5590 WEST 20TH AVENUE
SUITE 401
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

5590 WEST 20TH AVENUE
SUITE 401
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 84-1682027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANGELES DEL CAMPILLO, MARIA DE LOS
15244 S.W. 140TH STREET
MIAMI, FL 33196 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: MARIA DEL CAMPILLO

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: PD ( ) Delete
Name: ANGELES DEL CAMPILLO, MARIA DE LOS
Address: 15244 S.W. 140TH STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA DEL CAMPILLO PD 01/30/2006

Electronic Signature of Signing Officer or Director — Date