APPROVED AND FILED

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUL 20 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25323

1. Corporation Name

New England Rehabilitation Management Co., Inc.

REINSTATEMENT 1990-2006 JSH

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
One HealthSouth Parkway		One HealthSouth Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Birmingham, AL		Birmingham, AL	
Zip	Country	Zip	Country
35243	USA	35243	USA

4. Date Incorporated or Qualified To Do Business in Florida 7/25/1989

5. FEI Number 02-0393832 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan Date: 7/20/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPD	Jay Grinney	One HealthSouth Parkway	Birmingham, AL 35243
VD	Michael D. Snow	One HealthSouth Parkway	Birmingham, AL 35243
VSD	Gregory L. Doody	One HealthSouth Parkway	Birmingham, AL 35243
VAS	Jody Martin	One HealthSouth Parkway	Birmingham, AL 35243
V	Brian M. Menke	One HealthSouth Parkway	Birmingham, AL 35243
VTD	John Workman	One HealthSouth Parkway	Birmingham, AL 35243

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jody Martin, Assistant Secretary — June 9, 2006 — 205/967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/04/2006 C T System Online

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

NEW ENGLAND REHABILITATION MANAGEMENT CO., INC.

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