

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 27 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M22050 (2)**

1. Corporation Name

PINECREST REHABILITATION HOSPITAL, INC.

Principal Place of Business
5630 LINTON BLVD.
DELRAY BEACH FL 33484

Mailing Address
3080 WILLIAMS DR.
FAIRFAX VA 22031

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/16/1985** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-2635307** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CV CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PCOO**
NAME **SCHOCHET, BARRY**
STREET ADDRESS **2700 COLORADO AVE**
CITY - ST - ZIP **SANTA MONICA CA 90404**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP **20000 1469202**

TITLE **SD**
NAME **BROWN, SCOTT M**
STREET ADDRESS **2700 COLORADO AVE.**
CITY - ST - ZIP **SANTA MONICA CA**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP **05/01/95 01059 temp 008 Addition
****200.00 ****200.00**

TITLE **I**
NAME **MIYAHIRA, COLIN**
STREET ADDRESS **2700 COLORADO AVE**
CITY - ST - ZIP **SANTA MONICA CA 90404**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE **AS**
NAME **SILVER, RICHARD B**
STREET ADDRESS **2700 COLORADO AVE**
CITY - ST - ZIP **SANTA MONICA CA 90404**

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE **AT**
NAME **MCMULLEN, TERENCE P**
STREET ADDRESS **2700 COLORADO AVE**
CITY - ST - ZIP **SANTA MONICA CA 90404**

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE **VP**
NAME **ANDERSONS, MARIS**
STREET ADDRESS **2700 COLORADO AVE**
CITY - ST - ZIP **SANTA MONICA CA 90404**

6 1 TITLE Change Addition
6 2 NAME **SM 4/27**
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott M. Brown, Secretary and Director

4/24/95

310/998-8000