

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. McPherson  
 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: **3060 WILLIAMS DR. FAIRFAX VA 22031**

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** County: **25**  
 2a. Mailing Address: **26** Street, Apt. #, etc.: **27** City & State: **28** Santa Monica, CA **29** Zip: **90404** **30** County:

3. Date Incorporated or Qualified: **10/16/1985** 3a. Date of Last Report: **04/27/1995**  
 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

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
**81** Name: \_\_\_\_\_  
**82** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**83** \_\_\_\_\_  
**84** City: \_\_\_\_\_ **FL** **85** Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.091 and 607.110, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.090, Florida Statutes.

SIGNATURE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PCOO	<input type="checkbox"/> DELETED
NAME	SCHOCHET, BARRY	
STREET ADDRESS	2700 COLORADO AVE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	
TITLE	SD	<input type="checkbox"/> DELETED
NAME	BROWN, SCOTT M	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-STATE-ZIP	SANTA MONICA CA	
TITLE	T	<input checked="" type="checkbox"/> CHANGE
NAME	MIYAHIRA, COLIN	
STREET ADDRESS	2700 COLORADO AVE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	
TITLE	AS	<input type="checkbox"/> DELETED
NAME	SILVER, RICHARD B	
STREET ADDRESS	2700 COLORADO AVE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	
TITLE	AT	<input type="checkbox"/> DELETED
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	2700 COLORADO AVE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	
TITLE	VP	<input type="checkbox"/> DELETED
NAME	ANDERSONS, MARIS	
STREET ADDRESS	2700 COLORADO AVE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael H. Focht, Sr.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terence P. McMullen	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500001771885	
STREET ADDRESS	-04/08/96--01024--031	
CITY-STATE-ZIP	***200.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer/V	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sr.VP	

14. I do hereby certify that the information supplied on this filing is correct and true to the best of my knowledge and belief. 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 registered trustee or member provided 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 in an alternate manner with an address.

SIGNATURE: Scott M. Brown Scott M. Brown Sr.VP/Secretary 310/998-8427

CR2E034 (12/95)

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