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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
2700 COLORADO AVE.
SANTA MONICA CA 90404-3521

3. Date Incorporated or Qualified: 10/16/1985
3a. Date of Last Report: 04/06/1996

2. Principal Place of Business
21 3820 State Street
22 Suite, Apt. #, etc.
23 City & State: Santa Barbara, CA
24 Zip: 93105
25 Country: USA

2a. Mailing Address
26 c/o Mary H. Yumibe
27 Suite, Apt. #, etc.: 3820 State Street
28 City & State: Santa Barbara, CA
29 Zip: 93105
30 Country: USA

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 800002068128--5 -01/24/97--01086--021 ****165.00 ****165.00
84 City FL Zip

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FOCHT, MICHAEL H. SR.	1.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	SD ☐ DELETE	2.1 TITLE	SDV ☒ Change ☐ Addition
NAME	BROWN, SCOTT M	2.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	T ☒ DELETE	3.1 TITLE	AS ☐ Change ☒ Addition
NAME	MCMULLEN, TERENCE P.	3.2 NAME	Alan Lundgren
STREET ADDRESS	2700 COLORADO AVE	3.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	V/AS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	SILVER, RICHARD B	4.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	T/V ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MCMULLEN, TERENCE P	5.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	5.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	SRVP ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSONS, MARIS	6.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	6.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	6.4 CITY-ST-ZIP	Santa Barbara, CA 93105

A. Alpern 1/24/97

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alan Lundgren, Asst. Sec'y — 1/21/97 — 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #