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PROFIT CORPORATION ANNUAL REPORT 1997



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: **888882068128-6 -01/24/97--01086--021 165.00 FL 165.00**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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* **Alan Lundgren, Asst. Sec'y** Date: **1/21/97** Daytime Phone: **805/563-7075**

CR2E034 (9/96)