

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M22050 (2)

1. Corporation Name
PINECREST REHABILITATION HOSPITAL, INC.

Principal Place of Business
**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address
**C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

3. Date Incorporated or Qualified
10/16/1985

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

4. FEI Number 59-2635307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85	Zip Code

FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H. SR.	1.2 NAME	
STREET ADDRESS	3820 STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	BROWN, SCOTT M	2.2 NAME	
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDGREN, ALAN	3.2 NAME	
STREET ADDRESS	3820 STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	3.4 CITY-ST-ZIP	
TITLE	V/AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	4.2 NAME	
STREET ADDRESS	3820 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	4.4 CITY-ST-ZIP	
TITLE	TV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	5.2 NAME	
STREET ADDRESS	3820 STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	5.4 CITY-ST-ZIP	
TITLE	SRVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	6.2 NAME	
STREET ADDRESS	3820 STATE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	6.4 CITY-ST-ZIP	

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[Signature]

14. I 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 _____ DATE _____

CR2E034 (10/97)