

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M22050

1. Entity Name  
PINECREST REHABILITATION HOSPITAL, INC.



**FILED**  
**Mar 04, 2004 8:00 A.M.**  
**Secretary of State**

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

Mailing Address  
C/O ~~MARY ANN WOOD~~  
3820 STATE STREET  
SANTA BARBARA, CA 93105



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-2635307

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ECHELARD, PAUL D  
STREET ADDRESS 5360 LINTON BLVD  
CITY-ST-ZIP DELRAY, FL 33484

TITLE DS ☒ Delete  
NAME SILVER, RICHARD B  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS ☒ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE T ☐ Delete  
NAME DENT, DENNIS L  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director/Secretary ☐ Change ☒ Addition  
NAME Caitlin M. Larsen  
STREET ADDRESS 3820 State Street  
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE Asst. Secretary ☐ Change ☒ Addition  
NAME Kristina A. Mack  
STREET ADDRESS 3820 State Street  
CITY-ST-ZIP Santa Barbara, CA 93105

400029822504  
03/03/04--01062--001 \*\*17636.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kristina A. Mack*

Kristina A. Mack, Asst. Secretary

Date

Daytime Phone