2005 FOR PROFIT CORPORATION

	ANNUA	LKEPUKI			_				
DOCUMENT # M22050 1. Entity Name PINECREST REHABILITATION HOSPITAL, INC.)	05	FILE APR 28 CAHASSE	M 11:	20 iE
Principal Plac	e of Business			7	SFI	The I mile	岩屑的	ADIS	
3820 STATE STREET C/O MARY H. YUMIBE						TAT	I AHASSE	E, 1 LU.	•••
SANTA BARBARA, CA 93105 3820 STATE STREET						1100			
		SANTA BARBARA, CA 🤉	93105		(198/98))	i e (rein 1707) Folgi B iril	WENT EVENT EVENT EXEC		HERLH 1888
0 D-ii) D	Name of Divisional	D. Marillan Addison							
2. Principal Place of Business 3. Mailing Address 13737 Noe1 Road 13737 Noe1 Road					·		BBU BBU BBU BBU	I BUBUL BUBUL BUB	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\dashv				
Suite 100 Suite 100					01192005	Chg-P	CR2E0	34 (10/03)	
City & State City & State					4. FEI Numb	oer		- Ap	plied For
Dallas, TX Dallas, TX					59-263			_ 	t Applicable
Zip	Country	Zip	у	E Cortificat	e of Status Desire	a 🗆 :	\$8.75 Add	litional	
75240			USA		5. Certificate	e or Status Desire		ee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OT 0000	ODATION OVOTEN			Name					
	ORATION SYSTEM	⊢	Street Address (P.O. Box Number is Not Acceptable)						
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Orock Address (1.0. Box Hornberts Not Acceptable)					
	TEANTATION, TE 30024								-
			-	City				Zip Code	
				•			FL	1 '	
8. The above	named entity submits this statement	for the purpose of changing its	registered	d office or registe	ered agent, or bo	oth, in the State of	Florida. I am f	amiliar with,	and accept
une congar	ions of registered agent.								
SIGNATURE.									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees	:			
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	/CHANGES TO C	FFICERS AND	DIRECTORS	S (N 11
TITLE	P	☐ Delete	TITLE					☐ Change	Addition
NAME	ECHELARD, PAUL D		NAME						_
STREET ADDRESS	5360 LINTON BLVD		1	T ADDRESS					
CITY-ST-ZIP	DELRAY, FL 33484		CITY-S	ST-ZIP					
TITLE	DS	☐ Defete	TITLE	1				☐ Change	☐ Addition
NAME	LARSEN, CAITLIN M		NAME			00054 0/05010	2075	127	
STREET ADDRESS CITY-ST-ZIP	3820 STATE STREET			TADDRESS	U5/1	U/U5U1U	43024	**15U.	. 1.)1)
	SANTA BARBARA, CA 93105		CITY-S	SI-ZIP					
TITLE	AS	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	MACK, KRISTINA A 3820 STATE STREET		NAME	T 4000000					
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-S	T ADORESS					
TITLE	T								
NAME	DENT, DENNIS L	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	3820 STATE STREET		_	T ADDRESS					
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-S	- 1					
TITLE		☐ Delete	TITLE					Channa	Addition
NAME		LI Delete	NAME					Change	☐ Addition
STREET ADDRESS				F ADDRESS					
CITY-ST-ZIP			CITY-S	I .					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS	•		STREET	r address					
CITY-ST-ZIP			CITY-S	ST-ZIP					
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	r the exem	ption stated in S	Section 119.07(3	(i), Florida Statute	s. I further cert	ify that the in	nformation
of the cor	on this report or supplemental report poration or the receiver or trustee em	powered to execute this report	as require	ire shall have the ed by Chapter 60	e same legal effe 07, Florida Statut	ct as if made und es; and that my n	er oath; that I a ame appears in	m an officer Block 10 or	or director Block 11 if
changed	or on an attachment with an address	, with all other like empowered.		,					
	\ / 11								
CIGNIAT	TIPE. KALATINA	A Mack Krist	ina A	Mack Acet	Secretar	v 3/10/05	0/	15-562-7	000
SIGNAT		A . Mack_Kristi		Mack, Asst	. Secretar	y 3/10/05		05-563-7 lytime Phone #	000

S Bannerie APK 2 H KUNG