

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M22050

1. Entity Name
PINECREST REHABILITATION HOSPITAL, INC.



Principal Place of Business

13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address

13737 NOEL ROAD
STE 100
DALLAS, TX 75240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006

Chg-P

CR2E034 (11/05)

06

4. FEI Number
59-2635307

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006 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 LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS ☐ Delete
NAME MACK, KRISTINA A
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
100068544251
03/23/06--01052--003 **150.00

TITLE DS ☒ Change ☐ Addition
NAME Larsen, Caitlin
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE AS ☒ Change ☐ Addition
NAME Mack, Kristina A
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE T ☒ Change ☐ Addition
NAME Sherman, Jeffrey S
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

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 exemptions contained in Chapter 119, 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:

Caitlin Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen 2/24/06 469-893-2701

Date

Daytime Phone #

FILED

06 MAR 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

