


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M22050</b> 1. Entity Name <b>PINECREST REHABILITATION HOSPITAL, INC.</b>					
Principal Place of Business <b>13737 NOEL ROAD STE 100 DALLAS, TX 75240</b>			Mailing Address <b>13737 NOEL ROAD STE 100 DALLAS, TX 75240</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ECHELARD, PAUL D</b> <b>5360 LINTON BLVD</b> <b>DELRAY, FL 33484</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>400096381604</b>  <b>04/11/07--01004--010 **150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LARSEN, CAITLIN M</b> <b>13737 NOEL ROAD, SUITE 100</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MACK, KRISTINA A</b> <b>13737 NOEL ROAD, SUITE 100</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHERMAN, JEFFREY S</b> <b>13737 NOEL ROAD, SUITE 100</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report of the corporation or it changed, or on an attestation.					
<b>SIGNATURE:</b> <i>Kristina A. Mack</i>			Kristina A. Mack, Asst. Sec. 3/28/07 - Phone 469-893-2701		

**FILED**

**07 APR -3 PM 3:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01122007 Chg-P CR2E034 (12/06)