

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M22050

1. Entity Name
PINECREST REHABILITATION HOSPITAL, INC.



FILED

2008 FEB 27 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address
13737 NOEL ROAD
STE 100
DALLAS, TX 75240



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	EHELARD, PAUL D
STREET ADDRESS	5360 LINTON BLVD
CITY-ST-ZIP	DELRAY, FL 33484
TITLE	DS
NAME	LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	AS
NAME	MACK, KRISTINA A
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	T
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08--01015--002 **150.00

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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 effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, if the information has changed, or on an attachment with an address, with all other like empowered.

Kristina A. Mack, Assistant Secretary, 1/14/08
Phone 469-893-2701

SIGNATURE: Kristina A. Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR