

2008 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

FILED

2008 FEB 27 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

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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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IN THIS SPACE

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, 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 | ECHELARD, 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR