
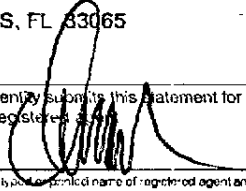
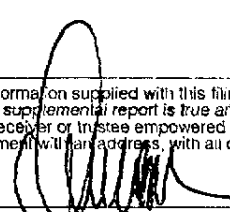


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000033784		
1. Entity Name PINES REHABILITATION, INC.		
Principal Place of Business 8100 ROYAL PALM BLVD. #106 CORAL SPRINGS, FL 33065	Mailing Address 8100 ROYAL PALM BLVD. #106 CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOFFMAN, GLADYS 8100 ROYAL PALM BLVD. #106 CORAL SPRINGS, FL 33065		DO NOT WRITE 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  <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIERCE, THOMAS 8100 ROYAL PALM BLVD. #106 CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOFFMAN, GLADYS 8100 ROYAL PALM BLVD. #106 CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1635103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/08/06-80029-021 150.00

**DO NOT WRITE
IN THIS SPACE**