

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033784

Entity Name: PINES REHABILITATION, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

5617 NW 7TH ST.  
# 1502 14 FLOOR  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

5617 NW 7TH ST  
# 1502 14 FLOOR  
MIAMI, FL 33126

## New Mailing Address:

5617 NW 7TH ST.  
# 1502 14 FLOOR  
MIAMI, FL 33126

FEI Number: 73-1635103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOFFMAN, GLADYS  
5617 NW 7TH ST  
# 1502 14 FLOOR  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PIERCE, THOMAS  
Address: 5617 NW 7TH ST  
City-St-Zip: # 1502 14 FLOOR, FL 33126

Title: TD ( ) Delete  
Name: HOFFMAN, GLADYS  
Address: 5617 NW 7TH ST  
City-St-Zip: # 1502 14 FLOOR, FL 33126

Title: VPD ( ) Delete  
Name: HOFFMAN, EDGAR  
Address: 5617 NW 7TH ST  
City-St-Zip: # 1502 14 FLOOR, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS HOFFMAN

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date