

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033784

FILED
Feb 18, 2010
Secretary of State

Entity Name: PINES REHABILITATION, INC.

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:

FEI Number: 73-1635103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GLADYS HOFFMAN

TD

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date