

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000033784

1. Entity Name

Pinet Rehabilitation, Inc.



90123351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8100 Royal Palm Blvd.

3. Mailing Address

8100 Royal Palm Blvd.

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

4. FEI Number

73-1635103

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Hoffman, Clyde

Street Address (P.O. Box Number is Not Acceptable)

8100 Royal Palm Blvd.

#106

City

Coral Springs

FL

Zip Code

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

[Signature]

Signature (Typed or Printed Name of Signer if Applicable)

(NOTE: Registered Agent signature required when reissuing)

4/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.D.
NAME	Pierce, Thomas
STREET ADDRESS	8100 Royal Palm Blvd., #106
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	V.P.D.
NAME	Hoffman, Clyde
STREET ADDRESS	8100 Royal Palm Blvd., #106
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	S.T.D.
NAME	Hoffman, Edgar
STREET ADDRESS	8100 Royal Palm Blvd., #106
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

DATE

Daytime Phone #

CR2E034B (12/02)