

# 2001 UNIFORM BUSINESS REPORT (UBR)

0592346

DOCUMENT # P96000067626

1. Entity Name  
TENET HEALTHSYSTEM PINECREST REHAB, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 17 PM 1:49

Principal Place of Business  
5360 LINTON BOULEVARD  
DELRAY BEACH FL 33484

Mailing Address  
3820 STATE STREET  
C/O MARY H YUMIBE  
SANTA BARBARA CA 93105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-2676976		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	400004136924--6	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, RICHARD B			NAME	-05/04/01--01086--006		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	****150.00 ****150.00		
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIGMAN, DONALD S			NAME			
STREET ADDRESS	500 W. CYPRESS CREEK RD.			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENT, DENNIS L			NAME			
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, CAITLIN M			NAME			
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin Larsen 4/1/01 805-563-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)