
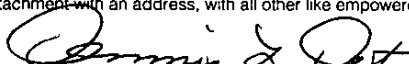


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000067626 1. Entity Name TENET HEALTHSYSTEM PINECREST REHAB, INC.						FILED 05 MAY 25 PM 3:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 5360 LINTON BOULEVARD DELRAY BEACH, FL 33484				Mailing Address 3820 STATE STREET % SHERRIE SMITH SANTA BARBARA, CA 93105			
2. Principal Place of Business 5360 LINTON BLVD.		3. Mailing Address c/o LAW DEPARTMENT					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 13737 NOEL ROAD					
City & State DELRAY BEACH, FL		City & State DALLAS, TX					
Zip 33484		Country USA		Zip 75240		Country USA	
4. FEI Number 75-2676976				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LARSEN, CAITLIN M <input type="checkbox"/> Delete 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LARSEN, CAITLIN M. 13737 NOEL ROAD DALLAS, TX 75240		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400055969664 06/09/05--01031--008 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete MACK, KRISTINA A 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MACK, KRISTINA A. 13737 NOEL ROAD DALLAS, TX 75240		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DENNIS L. DENT, TREASURER			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5/12/05		Daytime Phone # 805-563-7000	