

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAR 17 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067626

1. Entity Name
TENET HEALTHSYSTEM PINECREST REHAB, INC.



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

3. Mailing Address

Attn: Donna Jarrell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006

Chg-P

CR2E034 (11/05)

06

City & State

City & State

Dallas TX

4. FEI Number

75-2676976

Applied For

Not Applicable

Zip

Country

Zip

75240

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	LARSEN, CAITLIN M	
STREET ADDRESS	13737 NOEL ROAD	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEIGMAN, DONALD S	
STREET ADDRESS	500 W. CYPRESS CREEK RD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DENT, DENNIS L	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MACK, KRISTINA A	
STREET ADDRESS	13737 NOEL ROAD	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larsen, Caitlin	
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steigman, Donald S	
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherman, Jeffrey S	
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mack, Kristina A	
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas TX 75240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.

SIGNATURE:

Caitlin Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen 3/1/06 469-893-2701

Date

Daytime Phone #

M Williams MAR 17 2006