## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000067626**

1. Entity Name

TENET HEALTHSYSTEM PINECREST REHAB, INC.



Principal Place of Business

5360 LINTON BOULEVARD DELRAY BEACH, FL 33484 Mailing Address

ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240

## FILED

2008 FEB 27 PM 12: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number			Applied For
75-2676976			Not Applicable
5 Cortificate of Status Desired	\$8.7	75	Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## 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.	

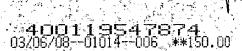
SIGNATURE\_s

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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees



10. OFFICERS AND DIRECTORS TITLE NAME LARSEN, CAITLIN M STREET ADDRESS 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 CITY-ST-ZIP TITLE FELDMAN, MITCHELL S NAME STREET ADDRESS 500 W CYPRESS CREEK RD #700 CITY-ST-ZIP FT LAUDERDALE, FL 33309 TITLE NAME SHERMAN, JEFFREY S STREET ADDRESS 13737 NOEL ROAD, SUITE 100 CITY-ST-7IP DALLAS, TX 75240 TITLE NAME MACK, KRISTINA A STREET ADDRESS 13737 NOEL ROAD, SUITE 100 CITY-ST-ZIP DALLAS, TX 75240 TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 empowered. Kristina A. Mack,

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

469-893-2701

Daytime Phone #