

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



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2676976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DS LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE NAME	P FELDMAN, MITCHELL S
STREET ADDRESS	500 W CYPRESS CREEK RD #700
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE NAME	T SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE NAME	AS 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	

400119547874
03/06/08--01014--006 **150.00

DO NOT WRITE
IN THIS SPACE

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 empowered.

SIGNATURE: Kristina A. Mack Assistant Secretary

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #