

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V01354

**Entity Name:** PINES REHAB, INC.

**Current Principal Place of Business:**

PINES REHAB  
2880 EVERGREEN WAY  
COOPER CITY, FL 33026

**Current Mailing Address:**

PINES REHAB  
2880 EVERGREEN WAY  
COOPER CITY, FL 33026 US

**FEI Number:** 65-0304762

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SERNA, ANDRES  
2880 EVERGREEN WAY  
COOPER CITY, FL 33026 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            P  
Name            SERNA, ANDRES  
Address        2880 EVERGREEN WAY  
City-State-Zip: COOPER CITY FL 33026

Title            TS  
Name            SERNA, ZORAIDA  
Address        2880 EVERGREEN WAY  
City-State-Zip: COOPER CITY FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDRES SERNA

**PRESIDENT**

**04/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date