


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F0000000727</b> 1. Entity Name HEALTHSOUTH OF SPRING HILL, INC.	
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Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	4. FEI Number 63-1244181		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> Added to Fees	500075648885 06--01039--001 **26900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPD GRINNEY, JAY <input type="checkbox"/> Delete	TITLE	
NAME	ONE HEALTHSOUTH PARKWAY	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BIRMINGHAM, AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD SNOW, MICHAEL D <input type="checkbox"/> Delete	TITLE	vD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PARKWAY	NAME	
STREET ADDRESS	BIRMINGHAM, AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VCFO WORKMAN, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PARKWAY	NAME	
STREET ADDRESS	BIRMINGHAM, AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S DOODY, GREG L <input type="checkbox"/> Delete	TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PARKWAY	NAME	
STREET ADDRESS	BIRMINGHAM, AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V MENKE, BRIAN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PARKWAY	NAME	
STREET ADDRESS	BIRMINGHAM, AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP DEMARAY, DREW C <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PARKWAY	NAME	Diane Munson
STREET ADDRESS	BIRMINGHAM, AL 35243	STREET ADDRESS	One Healthsouth Park
CITY-ST-ZIP		CITY-ST-ZIP	Birmingham AL 35243

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: \_\_\_\_\_ DATE: \_\_\_\_\_ CITY/STATE/PHONE # \_\_\_\_\_

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

06 MAY 16 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

