


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90235 024 ***150.00

DOCUMENT # F01000004282
 1. Entity Name
HEALTHSOUTH LTAC OF SARASOTA, INC.



Principal Place of Business: **ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243**
 Mailing Address: **PO BOX 380546 BIRMINGHAM AL 35238**

14021827



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **63-1283287**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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 reinstating)


FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: CD <input type="checkbox"/> Delete	NAME: GORDON, JOEL C STREET ADDRESS: ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP: BIRMINGHAM AL 35243
TITLE: PD <input type="checkbox"/> Delete	NAME: MAY, ROBERT P STREET ADDRESS: ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP: BIRMINGHAM AL 35243
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: BOTTS, RICHARD E STREET ADDRESS: ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP: BIRMINGHAM AL 35243
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: HORTON, WILLIAM W STREET ADDRESS: ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP: BIRMINGHAM AL 35243
TITLE: VAS <input type="checkbox"/> Delete	NAME: DEMARAY, DREW C STREET ADDRESS: ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP: BIRMINGHAM AL 35243
TITLE: VP <input type="checkbox"/> Delete	NAME: FOSTER, PATRICK A STREET ADDRESS: ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP: BIRMINGHAM AL 35243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: V <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Brian M. Menke STREET ADDRESS: One Healthsouth Parkway CITY-ST-ZIP: Birmingham, Alabama 35243
TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Gregory L. Doody STREET ADDRESS: One Healthsouth Parkway CITY-ST-ZIP: Birmingham, AL 35243
TITLE: VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Guy Sansone STREET ADDRESS: One Healthsouth Parkway CITY-ST-ZIP: Birmingham, AL 3543
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 exemption stated in Section 119.07(3)(i), 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:  **Brian M. Menke, Vice President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **7/30/04** Daytime Phone #: **(205)967-7116**

Attachment

14021827
~~# F01000004282~~

Healthsouth LTAC of Sarasota, Inc.
FEIN# 63-1283287
Document# F01000004282

SUBSIDIARY OFFICERS AND DIRECTORS

Joel C. Gordon	Chairman of the Board and Director
Robert P. May	President and Director
Gregory L. Doody	Vice President; Secretary
Guy Sansone	Vice President, Treasurer and Director
Larry D. Taylor	Vice President
Patrick A. Foster	Vice President
Karen G. Davis	Vice President
Diane L. Munson	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary
Brian M. Menke	Vice President
Lisa M. Byrd	Vice President (Surgery Center Subsidiaries Only)

All addresses c/o

HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, Alabama 35243
Telephone: 205/967-7116