

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004282

FILED  
Feb 28, 2011  
Secretary of State

Entity Name: HEALTHSOUTH LTAC OF SARASOTA, INC.

**Current Principal Place of Business:**

3660 GRANDVIEW PARKWAY  
SUITE 200  
BIRMINGHAM, AL 35243 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380546  
BIRMINGHAM, AL 35238 US

**New Mailing Address:**

FEI Number: 63-1283287      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: TARR, MARK  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: V  
Name: WISNER, ROBERT M  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: VSD  
Name: WHITTINGTON, JOHN P  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: AS  
Name: LECKY, DONNA M  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: AS  
Name: MURVIN, SANDRA W  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: T  
Name: FAY, EDMUND  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

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: DONNA M. LECKY

AS

02/28/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date