
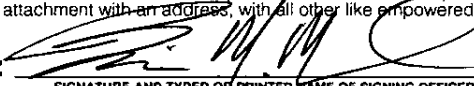


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90140 047 ***150.00

DOCUMENT # F00000005456 1. Entity Name DISABILITY AND IMPAIRMENT EVALUATION CENTERS OF AMERICA, INC.					
Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243			Mailing Address PO BOX 380546 BIRMINGHAM AL 35243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-1077889	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALE, BRANDON O ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SANSONE, GUY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P. ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEMARAY, DREW C ONE HEALTHSOUTH PKWY BIRMINGHAM MI 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, LARRY D ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M. ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DOODY, GREGORY L. ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 4/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
(205) 967-7116 <small>Daytime Phone #</small>					

Attachment

14021302
F00000005456

Officers And Directors (continued)

Title: Vice President & Assistant Secretary
Name: Beall D. Gary, Jr.
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243

Title: Vice President
Name: Patrick A. Foster
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243

Title: Vice President
Name: Larry D. Taylor
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243

Title: Vice President
Name: Karen G. Davis
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243