

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 044 ***150.00

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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**

50049507



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1077889**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. ☐ 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** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
Grinney, Jay
One HealthSouth Parkway
Birmingham, Alabama 35243** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SANSONE, GUY
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM MI 35243** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
Snow, Michael D.
One HealthSouth Parkway
Birmingham, AL 35243** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAY, ROBERT P
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM MI 35243** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
Hicks, Lucy C.
One HealthSouth Parkway
Birmingham, AL 35243** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
DEMARAY, DREW C
ONE HEALTHSOUTH PKWY
BIRMINGHAM MI 35243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MENKE, BRIAN M
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM MI 35243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DOODY, GREGORY L
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM MI 35243** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
Doody, Gregory L.
One HealthSouth Parkway
Birmingham, Alabama 35243** ☒ Change ☐ 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, without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ **Brian M. Menke** (205) 967-7116

Date

Daytime Phone #