


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2004 90236 048 ***150.00

DOCUMENT # F00000006605 1. Entity Name HEALTHSOUTH S.C. OF AVENTURA, INC.					
Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243			Mailing Address PO BOX 380546 BIRMINGHAM AL 35238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JOEL C		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HORTON, WILLIAM W		NAME	GUY SANSONE	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VSD <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALE, BRANDON O		NAME	GREGORY L DOODY	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMARAY, C DREW		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOTTS, RICHARD E		NAME	BRIAN M MENKE	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, ROBERT P		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/30/04		
			Daytime Phone # 205/967-7116		

14021875



MOORE CR2E034 (11/03)

4. FEI Number **63-1264000** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL Zip Code

BRIAN M MENKE 4/30/04 205/967-7116

Attachment

14021875
#700000800005

HEALTHSOUTH SC of Aventura Inc

Officers & Directors

Joel C. Gordon
Chairman of the Board and Director

Robert P. May
President and Director

Gregory L. Doody
Secretary

Guy Sansone
Vice President Treasurer and Director

Larry D. Taylor
Vice President

Patrick A. Foster
Vice President

Karen Davis
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

C/O

Healthsouth Corporation
One Healthsouth Parkway
Birmingham, AL 35243