



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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 63-1283287 | |
| 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 AL 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 | PD MAY, ROBERT P ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 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 | V BOTTS, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Brian M. Menke One Healthsouth Parkway Birmingham, Alabama 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HORTON, WILLIAM W ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Gregory L. Doody One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS DEMARAY, DREW C ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD Guy Sansone One Healthsouth Parkway Birmingham, AL 3543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FOSTER, PATRICK A ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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, Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |

14021827



MOORE CR2E034 (11/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GORDON, JOEL C
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAY, ROBERT P
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BOTTS, RICHARD E
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HORTON, WILLIAM W
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
DEMARAY, DREW C
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FOSTER, PATRICK A
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Brian M. Menke
One Healthsouth Parkway
Birmingham, Alabama 35243 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Gregory L. Doody
One Healthsouth Parkway
Birmingham, AL 35243 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
Guy Sansone
One Healthsouth Parkway
Birmingham, AL 3543 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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, with all other like empowered.

SIGNATURE

Brian M. Menke, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04

Date

(205)967-7116

Daytime Phone #

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