

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004282	
1. Entity Name HEALTHSOUTH LTAC OF SARASOTA, INC.	



FILED

06 MAY 16 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	Mailing Address PO BOX 380546 BIRMINGHAM, AL 35238
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04282006	Chg-P	CR2E034 (11/05)	06
4. FEI Number 63-1283287		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent
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	DATE

<p>FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May 15, 2006 Added to Fees</p>	<p>600075649018 060106--01039--001 **26300.00</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD GRINNEY, JAY 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	VTD SNOW, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENKE, BRIAN M 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	VSD DOODY, GREGORY L 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	VAS DEMARAY, DREW C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAG Jody Martin One Healthsouth Pkwy Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS HICKS, LUCY C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	DATE: _____ Daytime Phone #: _____