

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2004 90140 044 ***150.00

DOCUMENT # F02000000871

1. Entity Name

HEALTHSOUTH LTAC OF BAY COUNTY, INC.



Principal Place of Business

ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243

Mailing Address

ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243

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

95-4895911

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	GORDON, JOEL C	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, ROBERT P	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HALE, BRANDON O	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SANSONE, GUY	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, LARRY D	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOSTER, PATRICK A	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOODY, GREGORY L.	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY - ST - ZIP	BIRMINGHAM, AL 35243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARAY, C. DREW	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY - ST - ZIP	BIRMINGHAM, AL 35243	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKE, BRIAN M.	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY - ST - ZIP	BIRMINGHAM, AL 35243	

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 any other like empowered.

SIGNATURE:

Brian M. Menke

4/22/04

(205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

14021305

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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