


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	
05012006 Chg-P CR2E034 (11/05) 06				4. FEI Number 95-4895911	
				Applied For 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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 400075649054 06/01/06--01039--001 **26900.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	Grimmey, Joy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMMEY, JOY		NAME		
STREET ADDRESS	ONE HEALTH S PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, MICHEAL D		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOODY, GREGORY L		NAME		
STREET ADDRESS	ONE HEALTH S PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, JOHN		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKE, BRIAN M		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXWORTHY, JAMES C		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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					