## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 05, 2005 8:00 am Secretary of State DOCUMENT # F02000005919 1. Entity Name 05-05-2005 90111 025 \*\*\*150.00 ECODESOLUTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238 ONE HEALTHSOUTH PARKWAY 50049493 **BIRMINGHAM FL 35243** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 71-0923682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE ☐ Detete TITLE Change ☐ Addition GORDON, JOEL C Grinney, Jay NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP **BIRMINGHAM FL 35243** CITY-ST-7IP Birmingham, Alabama 35243 TITLE ☐ Delete TITLE Change Addition MAY, ROBERT P NAME Snow, Michael D. STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP BIRMINGHAM FL 35243 CITY-ST-ZIP Birmingham, Alabama 35243 TODE Delete TITLE ☐ Change ☐ Addition Doody, Gregory L. NAME DOODY, GREGORY L NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY One HealthSouth Parkway CITY-ST-ZIP BIRMINGHAM FL 35243 CITY-ST-ZIP Birmingham, Alabama 35243 ☐ Delete TITLE Change Addition TAYLOR, LARRY D NAME NAME Workman, John ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS One HealthSouth Parkway BIRMINGHAM FL 35243 CITY-ST-7IP CITY-ST-7IP Birmingham, Alabama 35243 TITLE ☐ Delete TITLE Change ☐ Addition SANSONE, GUY NAME NAME Tarr, Mark ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS One HealthSouth Parkway **BIRMINGHAM FL 35243** CITY-ST-ZIP CITY-ST-ZIP Birmingham, Alabama 35243 ☐ Delete TITLE Change ☐ Addition MENKE, BRIAN M NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS BIRMINGHAM AL 35243 CITY-ST-7IP

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 of 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 life empowered. changed, or on an attachment with all other like

CITY-ST-ZIP

SIGNATURE: Brian M. Menke, Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**65** 205-967-7116

**FILED**