2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000703

1. Entity Name
HEALTHSOUTH LTCH OF BROWARD COUNTY, INC.

FILED
06 MAY 16 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282006 Chg-P CR2E034 (11/05) 06

Principal Place of Business	Mailing Address
ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	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 81-0600735 — 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

700075648947
06 MAY 16 01/06--01039--001 **26900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CPD NAME GRINNEY, JAY STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD NAME SNOW, MICHAEL D STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243	☐ Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE VSD NAME DOODY, GREGORY STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME MENKE, BRIAN M STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VAS NAME DEMARAY, C DREW STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243	☒ Delete	TITLE V NAME Diane Munson STREET ADDRESS One HealthSouth Pkwy CITY-ST-ZIP Birmingham AL 35243	☐ Change ☐ Addition
TITLE VAS NAME HICKS, LUCY C STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243	☐ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #