


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90110 003 ***150.00

DOCUMENT # F03000000939	
1. Entity Name HEALTHSOUTH LTAC OF STUART, INC.	

Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243	Mailing Address ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

City & State Zip	City & State Zip	Country
-------------------------	-------------------------	---------

4. FEI Number 81-0600737	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD SCRUSHY, RICHARD M ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Grinney, Jay One HealthSouth Parkway Birmingham, Alabama 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, WILLIAM T ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Snow, Michael D. One HealthSouth Parkway Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HALE, BRANDON O ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Doody, Gregory L. One HealthSouth Parkway Birmingham, Alabama 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCVAY, MALCOLM E ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Menke, Brian M. One HealthSouth Parkway Birmingham, Alabama 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, LARRY D ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Demaray, C, Drew One HealthSouth Parkway Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, PATRICK A ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Hicks, Lucy C. One HealthSouth Parkway Birmingham, AL 35243 <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 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 all other like empowered.

SIGNATURE:  / Brian M. Menke (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #