
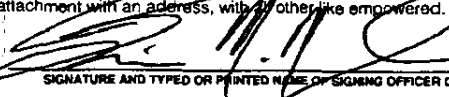


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2004 8:00 am
Secretary of State

05-04-2004 90173 022 ***150.00

DOCUMENT # F03000000947					
1. Entity Name HEALTHSOUTH LTAC OF TALLAHASSEE, 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 81-0600741	
				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 renating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M		NAME	GORDON, JOEL C.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, WILLIAM T		NAME	MAY, ROBERT P.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, BRANDON O		NAME	DEMARAY, C. DREW	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVAY, MALCOLM		NAME	SANSONE, GUY	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	V	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLOR, LARRY D		NAME	DOODY, GREGORY L.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, PATRICK A		NAME	MENKE, BRIAN M.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243		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 another 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

66429863

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FO 3000000947

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