


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 PM 12:07


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001119 1. Entity Name SCA-CITRUS, INC.	
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Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM, AL 35243 US	Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Country
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04282006 Chg-P CR2E034 (11/05) 86

4. FEI Number 62-1516306	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
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

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 1, 2006 Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBPD GRINNEY, JAY <input type="checkbox"/> Delete % ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SNOW, MICHAEL D <input type="checkbox"/> Delete % ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DOODY, GREGORY L <input type="checkbox"/> Delete % ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO WORKMAN, JOHN <input type="checkbox"/> Delete % ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNSON, DIANE L <input type="checkbox"/> Delete % ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DEMARAY, C DREW <input checked="" type="checkbox"/> Delete % ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jody Martin One Healthsouth Pkwy Birmingham AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> 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 #