

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000001123

1. Entity Name
SCA-WINTER PARK, INC.



FILED

06 MAY 16 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE HEALTHSOUTH PKWY.
BIRMINGHAM, AL 35243 US

Mailing Address
P.O. BOX 380546
BIRMINGHAM, AL 35238 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006

Chg-P

CR2E034 (11/05)

06

City & State

City & State

4. FEI Number
62-1525777

Applied For
Not Applicable

Zip

Country

Zip

Country

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 remaining)

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

200075649642

06--01039--001 **26900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
GRINNEY, JAY
ONE HEALTHSOUTH PKWY
BIRMINGHAM, AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
WORKMAN, JOHN
ONE HEALTHSOUTH PKWY
BIRMINGHAM, AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DEMARAY, C. DREW
ONE HEALTHSOUTH PKWY.
BIRMINGHAM, AL 35243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Diane Munson
One Healthsouth Parkway
Birmingham AL 35243 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
SNOW, MICHAEL D
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM, AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DOODY, GREGORY L
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM, AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MENKE, BRIAN M
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM, AL 35243 ☐ Delete

TITLE
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 #