
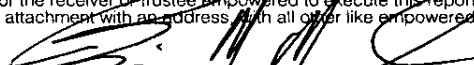


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90140 039 \*\*\*150.00

<b>DOCUMENT # F93000001522</b> 1. Entity Name <b>PPMC, INC.</b>					
Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 US</b>			Mailing Address <b>PO BOX 380546 BIRMINGHAM AL 35238 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>63-1071721</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE      CR2E034 (11/03)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>HALE, BRANDON O</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>SANSONE, GUY</b> <b>ONE HEALTHSOUTH PKWY</b> <b>BIRMINGHAM, AL 35243</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GORDON, JOEL C</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>DEMARAY, C. DREW</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOTTS, RICHARD E.</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>DOODY, GREGORY L.</b> <b>ONE HEALTHSOUTH PKWY</b> <b>BIRMINGHAM, AL 35243</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MAY, ROBERT P</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>HORTON, WILLIAM W</b> <b>ONE HEALTSOUTH PKWY</b> <b>BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MENKE, BRIAN, M.</b> <b>ONE HEALTHSOUTH PKWY</b> <b>BIRMINGHAM, AL 35243</b> <input 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.					
<b>SIGNATURE:</b> 			<b>Brian M. Menke</b> <b>4/22/04</b> <b>(205) 967-7116</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

Attachment

14021312  
#P93000001522

**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