

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) 06

DOCUMENT # F93000003001					
1. Entity Name SHC OAKWATER, INC.					
Principal Place of Business ONE HEALTHSOUTH PARKWAY 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.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2056217	
				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 date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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 Be Added to Fees		00075650087 06/01/06--01039--001 **26900.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCOB	<input type="checkbox"/> Delete	TITLE	PCOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINNEY, JAY		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, MICHAEL D.		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	CFOV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, JOHN		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKE, BRIAN M		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	NSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOODY, GREGORY L		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARAY, C. DREW		NAME	Jody Martin	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					