

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

06 MAY 16 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) 26

| | | | | | |
|--|-------------------------|--|---|--|--|
| DOCUMENT # F93000003002 | | | |  | |
| 1. Entity Name SHC CENTRAL FLORIDA, 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 58-2056218 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PDCO | <input type="checkbox"/> Delete | TITLE | 400075650014 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRINNEY, JAY | | NAME | 06/01/06--01039--001 | **26900.00 |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | CITY-ST-ZIP | | |
| TITLE | VPTD | <input type="checkbox"/> Delete | TITLE | VO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNOW, MICHAEL | | NAME | | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | CITY-ST-ZIP | | |
| TITLE | VTD | <input checked="" type="checkbox"/> Delete | TITLE | VTO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANSONE, GUY | | NAME | John Markman | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | | STREET ADDRESS | One Healthsouth Pkwy | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | CITY-ST-ZIP | Birmingham AL 35243 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MENKE, BRIAN M | | NAME | | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOODY, GREGEORY L | | NAME | | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | Ag | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEMARAY, DREW C | | 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: _____ Date _____ Daytime Phone # _____ | | | | | |