

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2004 90140 034 \*\*\*150.00

**DOCUMENT # F93000003891**

1. Entity Name

**HEALTHSOUTH REAL PROPERTY HOLDING CORPORATION**



Principal Place of Business

**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243  
US**

Mailing Address

**P O BOX 380546  
BIRMINGHAM AL 35238  
US**

**14061011**



**MOORE CR2E034 (11/03)**

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 **63-1044004**

Applied For  
Not Applicable

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **GORDON, JOEL C**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VSD** ☐ Delete  
NAME **HALE, BRANDON O**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **PD** ☐ Delete  
NAME **MAY, ROBERT P**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V** ☐ Delete  
NAME **BOTTS, RICHARD E.**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

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

TITLE **VAS** ☐ Delete  
NAME **HORTON, WILLIAM W**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VT** ☐ Change ☐ Addition  
NAME **SANSONE, GUY**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

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

TITLE **V** ☐ Change ☐ Addition  
NAME **MENKE, BRIAN M.**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

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

TITLE **SECRETARY** ☐ Change ☐ Addition  
NAME **DOODY, GREGORY L.**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

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 life empowered.

**SIGNATURE:**

**Brian M. Menke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/04**  
Date

**(205) 967-7116**

Daytime Phone #

attachment

14021317

#793000003891

**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