

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

FILED
06 MAY 16 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) **06**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

4. FEI Number
63-1044004

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**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**

200075648612
06/01/06--01039--001 **26900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD GRINNEY, JAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SNOW, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DOODY, GREGORY L ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS DEMARAY, C. DREW ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS HICKS, LUCY C ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS Jody Martin One Healthsouth Pkwy Birmingham AL 35243	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V	☒ 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 # _____