

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005256

1. Entity Name
HEALTHSOUTH OCCUPATIONAL HEALTH &
REHABILITATION CENTER, INC.



Principal Place of Business
1 HEALTHSOUTH PKWY
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

04282006

Chg-P

CR2E034 (11/05)

26

4. FEI Number

59-3132404

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

CT CORPORATION SYSTEM
1200 S. 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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000075648910

06-01039--001 **26900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MAY, ROBERT P
STREET ADDRESS ONE HEALTHSHOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM, AL 35243 ☒ Delete

TITLE V D
NAME Michael Snow
STREET ADDRESS One Healthsouth Pkwy
CITY-ST-ZIP Birmingham Al 35243 ☐ Change ☐ Addition

TITLE S
NAME DOODY, GREGORY L
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM, AL 35243 ☐ Delete

TITLE V D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE PCOB
NAME Jay Grinnery
STREET ADDRESS One Healthsouth Pkwy
CITY-ST-ZIP Bham, Al 35243 ☐ Change ☒ Addition

TITLE V
NAME MENKE, BRIAN M
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM, AL 35243 ☐ Delete

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

TITLE VPAS
NAME DEMARAY, C. DREW
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM, AL ☒ Delete

TITLE V
NAME Diane Munson
STREET ADDRESS One Healthsouth Pkwy
CITY-ST-ZIP Bham Al 35243 ☐ Change ☒ Addition

TITLE VT
NAME SANSONE, GUY
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM, AL 35243 ☒ Delete

TITLE VT
NAME John Workman
STREET ADDRESS One Healthsouth Pkwy
CITY-ST-ZIP Birmingham Al 35243 ☐ 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 #