

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000000703	
1. Entry Name NSC SARASOTA, INC.	



Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238
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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 58-2081028		Applied For <input type="checkbox"/> Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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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	DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee</p>	<p>100075649134          06-01039-001 **26900.00</p>
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10. OFFICERS AND DIRECTORS	
TITLE	CPD
NAME	GRINNEY, JAY
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY - ST - ZIP	BIRMINGHAM, AL 35243
TITLE	V
NAME	MENKE, BRIAN M
STREET ADDRESS	ONE HEALTHSOUTH PKWY.
CITY - ST - ZIP	BIRMINGHAM, AL 35243
TITLE	DVPS
NAME	DOODY, GREGORY L
STREET ADDRESS	ONE HEALTHSOUTH PKWY.
CITY - ST - ZIP	BIRMINGHAM, AL 35243
TITLE	VD
NAME	SNOW, MICHAEL D
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY - ST - ZIP	BIRMINGHAM, AL 35243
TITLE	V
NAME	TARR, MARK
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY - ST - ZIP	BIRMINGHAM, AL 35243
TITLE	VT
NAME	WORKMAN, JOHN
STREET ADDRESS	ONE HEALTHSOUTH PKWY.
CITY - ST - ZIP	BIRMINGHAM, AL 35243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSO
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 #
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