

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90293 001 \*\*\*150.00

**DOCUMENT # F94000001651**

1. Entity Name

**PACIFIC REHABILITATION & SPORTS MEDICINE, INC.**



Principal Place of Business

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243  
US

Mailing Address

PO BOX 380546  
BIRMINGHAM AL 35238  
US

**50050900**



1st MOORE

CR2E034 (10/04)

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

**93-1072052**

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 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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP, CFO ☐ Change ☒ Addition  
John Workman  
One Healthsouth Parkway  
Birmingham, AL 35243

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P,D ☐ Change ☒ Addition  
Jay Grinney  
One Healthsouth Parkway  
Birmingham, AL 35243

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP,D ☐ Change ☒ Addition  
Michael D Snow  
One Healthsouth Parkway  
Birmingham, AL 35243

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

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

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

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

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 like empowered.

**SIGNATURE:**

Brian M Menke/Vice President

5/2/05

205-967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #