2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# F94000003686

Entity Name: INTER CARE GROUP, INC.

Current Principal Place of Business:

1 HEALTHSOUTH PKWY
BIRMINGHAM, AL 35243

New Principal Place of Business:

Current Mailing Address:

PO BOX 380546
BIRMINGHAM, AL 35238

New Mailing Address:

FEI Number: 85-0422864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CDP	( ) Delete
Name:	GRINNEY, JAY	
Address:	ONE HEALTHSOUTH PARKWAY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VTD	( ) Delete
Name:	SNOW, MICHAEL D	
Address:	ONE HEALTHSOUTH PARKWAY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VSD	( ) Delete
Name:	DOODY, GREGORY L	
Address:	1 HEALTHSOUTH PARKWAY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VAS	( ) Delete
Name:	DEMARAY, DREW C	
Address:	1 HEALTHSOUTH PARKWAY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	V	( ) Delete
Name:	MENKE, BRIAN M	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VAS	( ) Delete
Name:	HICKS, LUCY C	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	SNOW, MICHAEL D	
Address:	ONE HEALTHSOUTH PARKWAY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VAS	(X) Change ( ) Addition
Name:	MARTIN, JODY	
Address:	1 HEALTHSOUTH PARKWAY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VTD	(X) Change ( ) Addition
Name:	WORKMAN, JOHN	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY MARTIN VAS 04/27/2006

Electronic Signature of Signing Officer or Director — Date