

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PS 1 82

DOCUMENT # F94000005646

1. Entity Name

CMS REHAB CONCEPTS CORP.



Principal Place of Business

ONE 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



MOORE

CR2E034 (11/03)

4. FEI Number

25-1650793

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

C T 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, 2004 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 CD ☐ Delete
NAME GORDON, JOEL C
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

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

TITLE VSD ☐ Delete
NAME HALE, BRANDON O
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE VT ☒ Change ☐ Addition
NAME Sansone, Guy
STREET ADDRESS One Healthsouth Pkwy
CITY-ST-ZIP Birmingham AL 35243

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

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

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

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

TITLE V ☐ Delete
NAME BOTTS, RICHARD E
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE V ☒ Change ☐ Addition
NAME Menke, Brian M.
STREET ADDRESS One Healthsouth Pkwy
CITY-ST-ZIP Birmingham, AL 35243

TITLE V ☐ Delete
NAME TAYLOR, LARRY D
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition
NAME Secretary
STREET ADDRESS Doody, Gregory L.
CITY-ST-ZIP One Healthsouth Pkwy
Birmingham, AL 35243

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian M. Menke

4/22/04

(205) 967-7116

Attachment

PJ 2862

14027307

#I94000005646

Officers And Directors (continued)

Title: Vice President & Assistant Secretary
Name: Beall D. Gary, Jr.
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243

Title: Vice President
Name: Patrick A. Foster
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243

Title: Vice President
Name: Larry D. Taylor
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243

Title: Vice President
Name: Karen G. Davis
Street Address: One Healthsouth Parkway
City-ST-Zip: Birmingham, Alabama 35243