

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90112 017 \*\*\*150.00

**DOCUMENT # F95000004998**  
 1. Entity Name  
**SHC MELBOURNE, INC.**



Principal Place of Business  
**ONE HEALTHSOUTH PARKWAY  
 BIRMINGHAM AL 35243  
 US**

Mailing Address  
**P.O. BOX 380546  
 BIRMINGHAM AL 35238  
 US**

**50049534**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

4. FEI Number **58-2101924**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C <input checked="" type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P <input checked="" type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANSONE, GUY <input checked="" type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENKE, BRIAN M <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOODY, GREGORY L <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMARAY, DREW C <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC Grinney, Jay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One HealthSouth Parkway Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Snow, Michael D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One HealthSouth Parkway Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Workman, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One HealthSouth Parkway Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** *4/27/05* (205) 967-7116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #