


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90140 042 ***150.00

DOCUMENT # F95000006099
 1. Entity Name
UROCARE OF AMERICA, INC.



Principal Place of Business Mailing Address
1 HEALTHSOUTH PKWY **P.O. BOX 380546**
BIRMINGHAM AL 35243 **BIRMINGHAM AL 35238**
US **US**

14021308



MOORE CR2E034 (11/03)

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 **59-3346043** 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HORTON, BILL 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DEMARAY, C. DREW 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HALE, BRANDON O 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SANSONE, GUY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DOODY, GREGORY L. ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M. ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <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** **4/22/04** **(205) 967-7116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

14021308

#F950000006099

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