## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2004 8:00 am Secretary of State DOCUMENT # F95000006099 1. Entity Name 05-04-2004 90140 042 \*\*\*150.00 UROCARE OF AMERICA, INC. Principal Place of Business Mailing Address 1 HEALTHSOUTH PKWY P.O. BOX 380546 14021308 **BIRMINGHAM AL 35243 BIRMINGHAM AL 35238** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3346043 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CD TITLE ☐ Change Addition ☐ Delete GORDON, JOEL C NAME NAME STREET ADDRESS 1 HEALTHSOUTH PKWY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition SANSONE, GUY ONE HEALTHSOUTH PKWY BOTTS, RICHARD E NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 BIRMINGHÃM AL 35243 CITY-ST-ZIP CITY-ST-ZIP TITLE VAS Delete TITLE ☐ Change ☐ Addition SECRETARY DOODY, GREGORY L. ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 HORTON, BILL STREET ADDRESS 1 HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP PD Delete ☐ Change ☐ Addition TITLE TITLE MAY, ROBERT P NAME NAME 1 HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP VAS TITLE Delete TITLE ☐ Change ☐ Addition DEMARAY, C. DREW NAME NAME 1 HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP DVS TITLE Delete TITLE ☐ Change ☐ Addition MENKE, BRIAN M. ONE HEALTHSOUTH PKWY HALE, BRANDON O NAME 1 HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP 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

Brian M. Menke

**FILED** 

(205) 967-7116

Daytime Phone #

Machinent 14021308 ###95000004099

## **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: Name: Vice President

Karen G. Davis

Street Address:

One Healthsouth Parkway

City-ST-Zip

Birmingham, Alabama 35243