2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2005 8:00 am Secretary of State DOCUMENT # F96000003947 1. Entity Name 05-09-2005 90294 010 ***150.00 HEALTHSOUTH SURGERY CENTER OF CRESTVIEW, INC. Principal Place of Business Mailing Address ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 P O BOX 380546 BIRMINGHAM AL 35238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 63-1176239 Not Applicable Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. CD CD, P TITLE **■**KDelete TITLE Change **X**Addition Jay Grinney GORDON, JOEL C NAME NAME ONE HEALTHSOUTH PKWY One Healthsouth Parkway STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP Birmingham, AL 35243 VP,D THILE PD **□**XDelete TITLE ☐ Change X Addition MAY, ROBERT P Michael D Snow STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS One Healthsouth Parkway CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP Birmingham, AL 35243 VP John Workman TITLE VTD **X**Delete TITLE Change K Addition NAME NAME SANSONE, GUY STREET ADDRESS STREET ADDRESS One Healthsouth Parkway ONE HEALTHSOUTH PKWY CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35243 Birmingham, AL S ☐ Delete TITLE ☐ Change ☐ Addition DOODY, GREGORY L STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS BIRMINGHAM AL 35243 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE X Change Addition MENDKE, BRIAN M NAME NAME Brian M Menke ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS One Healthsouth Parkway BIRMINGHAM AL 35243 CITY-ST-ZIP CITY-ST-ZIP Birmingham, AL 35243 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEMARAY, DREW C ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS BIRMINGHAM AL 35243 CITY-ST-ZIP CITY-ST-7IP 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 addition, with all other like empowered.

Brian M Menke/Vice President

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

205-967-7116