

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000002007

1. Entity Name  
HEALTHSOUTH SURGERY CENTER OF CLEARWATER,  
INC.



FILED

06 MAY 16 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243

Mailing Address  
P O BOX 380546  
BIRMINGHAM, AL 35238



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006

Chg-P

CR2E034 (11/05)

06

City & State

City & State

4. FEI Number

63-1196625

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00  
Added to Fees

400075649474

06/01/06--01039--001 \*\*26900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDP  
GRINNEY, JAY  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
SNOW, MICHAEL D  
ONE HELTHSOUTH PWKY  
BIRMINGHAM, AL 35243 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WORKMAN, JOHN  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
DOODY, GREGORY L  
ONE HEALTHSOUTH PWKY  
BIRMINGHAM, AL 35243 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DEMARAY, DREW C  
ONE HEALTHSOUTH PWKY  
BIRMINGHAM, AL 35243 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V Diane Munson  
One Healthsouth Parkway  
Birmingham AL 35243 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MENKE, BRIAN M  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #