

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F97000003646**

1. Entity Name  
**HEALTHSOUTH S.C. OF KENDALL, INC.**



**FILED**

06 MAY 16 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**ONE HEALTHSOUTH PKWY  
BIRMINGHAM, AL 35243**

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



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

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

04282006 Chg-P CR2E034 (11/05) 06

City & State  
Zip Country

4. FEI Number  
**72-1381929**

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 \_\_\_\_\_ (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** May 8, 2006  
Added to Fees: **200075648787  
06-01039--001 \*\*26900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRINNEY, JAY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SNOW, MICHAEL D ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEMARAY, C. DREW ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DEMARAY, DREW C ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HICKS, LUCY C ONE 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	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Gregory L. Doody One Healthsouth Pkwy Birmingham AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Jody Martin One Healthsouth Pkwy Birmingham AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 # \_\_\_\_\_