


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001968		
1. Entity Name HEALTHSOUTH S.C. OF TAMPA, INC.		

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.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAY 16 PM 2:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

04282006 Chg-P CR2E034 (11/05) 06

4. FEI Number
63-1196621

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 _____

(NOTE: Registered Agent signature required when reissuing)

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 Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CPD	TITLE	
NAME	GRINNEY, JAY	NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	CITY-ST-ZIP	
TITLE	VTD	TITLE	VD
NAME	SNOW, MICHAEL D	NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	DOODY, GREGORY L	NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	CITY-ST-ZIP	
TITLE	VAS	TITLE	VAS
NAME	DEMARAY, C. DREW	NAME	Jody Martin
STREET ADDRESS	ONE HEALTHSOUTH PRKWY	STREET ADDRESS	One Healthsouth Parkway
CITY-ST-ZIP	BIRMINGHAM, AL 35243	CITY-ST-ZIP	Birmingham AL 35243
TITLE	VP	TITLE	V
NAME	MENKE, BRIAN M	NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	CITY-ST-ZIP	
TITLE	VAS	TITLE	V
NAME	HICKS, LUCY C	NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	CITY-ST-ZIP	

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: _____ DATE: _____ DAYTIME PHONE: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)