

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 020 ***150.00

DOCUMENT # F99000003756

1. Entity Name

HEALTHSOUTH NETWORK SERVICES, INC.



Principal Place of Business

ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243

Mailing Address

PO BOX 380546
BIRMINGHAM AL 35238

00049531



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1342805

Applied For

Not Applicable

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

CT CORPORATION
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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 11

| | | |
|----------------|-------------------------|--|
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | GORDON, JOEL C | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | VTD | <input checked="" type="checkbox"/> Delete |
| NAME | SANSONE, GUY | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MAY, ROBERT P | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | DOODY, GREG L | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MENKE, BRIAN M | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, LARRY D | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |

| | | |
|----------------|---------------------------|--|
| TITLE | CPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Grinney, Jay | |
| STREET ADDRESS | One HealthSouth Parkway | |
| CITY-ST-ZIP | Birmingham, Alabama 35243 | |
| TITLE | VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Snow, Michael D. | |
| STREET ADDRESS | One HealthSouth Parkway | |
| CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Doody, Gregory L. | |
| STREET ADDRESS | One HealthSouth Parkway | |
| CITY-ST-ZIP | Birmingham, Alabama 35243 | |
| TITLE | VAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Demaray, C, Drew | |
| STREET ADDRESS | One HealthSouth Parkway | |
| CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hicks, Lucy C. | |
| STREET ADDRESS | One HealthSouth Parkway | |
| CITY-ST-ZIP | Birmingham, AL 35243 | |

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ Brian M. Menke (205) 967-7116

Date

Daytime Phone #