
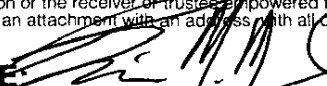


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90235 018 ***150.00

DOCUMENT # G00196 1. Entity Name SURGICAL SERVICES OF SARASOTA, INC.					
Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US			Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SANSONE, GUY ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALE, BRANDON O ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gregory L. Doody One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HORTON, WILLIAM W ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brian M. Menke One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOTTS, RICHARD E ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Larry D. Taylor One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 			Brian M. Menke, Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/30/04 Daytime Phone # (205)967-7116		

Attachment 14021833
#G00196

Surgical Services of Sarasota, Inc.

FEIN# 59-2278473

Document# G00196

SUBSIDIARY OFFICERS AND DIRECTORS

Joel C. Gordon	Chairman of the Board and Director
Robert P. May	President and Director
Gregory L. Doody	Vice President; Secretary
Guy Sansone	Vice President, Treasurer and Director
Larry D. Taylor	Vice President
Patrick A. Foster	Vice President
Karen G. Davis	Vice President
Diane L. Munson	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary
Brian M. Menke	Vice President
Lisa M. Byrd	Vice President (Surgery Center Subsidiaries Only)

All addresses c/o

HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, Alabama 35243
Telephone: 205/967-7116