

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2005 90110 025 \*\*\*150.00

<b>DOCUMENT # G29121</b>			
1. Entity Name <b>HIALEAH CONVALESCENT CENTERS, INC.</b>			
Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 US</b>		Mailing Address <b>P O BOX 380546 BIRMINGHAM AL 35238 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



90083426



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2474483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 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		TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JOEL C			NAME	Grinney, Jay		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS	One HealthSouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, Alabama 35243		
TITLE	VDS	<input checked="" type="checkbox"/> Delete		TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALE, BRANDON			NAME	Snow, Michael D.		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS	One HealthSouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, AL 35243		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, ROBERT P			NAME	Doody, Gregory L.		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY			STREET ADDRESS	One HealthSouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, Alabama 35243		
TITLE	VAS	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, WILLIAM W			NAME	Menke, Brian M.		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY			STREET ADDRESS	One HealthSouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, Alabama 35243		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTTS, RICHARD E			NAME	Demaray, C, Drew		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY			STREET ADDRESS	One HealthSouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, AL 35243		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, LARRY D			NAME	Hicks, Lucy C.		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY			STREET ADDRESS	One HealthSouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243			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 1900(8)(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 4/21/05 (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #