

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) *OK*

DOCUMENT # H08646					
1. Entry Name SCA-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	4. FEI Number 62-1232991	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 reissuing) 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 Be Added to Fees		
			300075649599 06-01039-001 **26900.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRINNEY, JAY		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VCFO	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WORKMAN, JOHN		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEMARAY, C. DREW		NAME	<i>Diene Munson</i>	
STREET ADDRESS	ONE HEALTH SOUTH PKWY.		STREET ADDRESS	<i>One Healthsouth Pkwy</i>	
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP	<i>B'ham, AL 35243</i>	
TITLE	VTD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SNOW, MICHAEL D		NAME	<i>VD</i>	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	DOODY, GREGORY L		NAME	<i>VSD</i>	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MENKE, BRIAN M		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					