FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H33504

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90173 014 ***150.00

The above named entity submits this statement for the purpose of changing its registered Agent signature recurred when reinstating) All and the core of the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature recurred when reinstating) DATE January 1 May 1 Fee is \$150.00 All an ended USR is \$61.20 Make Check Payable to Find a Department of State 10. OFFICERS AND DIRECTORS TITLE CD NAME GORDON, JOEL C STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME MAY, ROBERT P STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME MAY, ROBERT P STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME NAME MAY, ROBERT P STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP TITLE NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP TITLE NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP STR	1. Entity Name SIGMA HEA	LTH PROPERTIES,I	NC.				
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8. The above named antity submits this statement for the purpose of changing its 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 of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) January 1. May 1. Fee is \$15.00 After May 1. Fee is \$55.00 An ended UBR is \$15.00 An ended UBR is \$15.00 An ended UBR is \$16.23 Make Check Payable to Florida abpartment of State 10. OFFICERS AND DIRECTORS TITLE CD NAME GORDON, JOEL C SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE VTD NAME SANSONE, GUY SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE VTD NAME MAY, ROBERT P NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE S NAME MAY, ROBERT P NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE S NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE S NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE S NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE V NAME BRIAN M. MENKE NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE V NAME BRIAN M. MENKE NAME NAME NAME SIRRETADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRNINGHAM, AL 35243 TITLE V NAME BRIAN M. MENKE NAME NAM				Street Ad	CORPORATION dress (P.O. Box Number is Not Accept	able)	
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JUNATURE: //// / SERIAN M. MENKE //COM 205-967-7116	 I hereby certificated on of the corporattachment w 	ify that the information supplied we this report or supplemental report ration or the receiver of trusted exitted an address, who at other like any	with this filing does not que in the rue and accurate and improvement to execute this stylened.	that my signature shall have a report as required by Chap	the same legal effect as if made unde	er oath; that I am ar name appears in Blo	n officer or director ock 10 or on an
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNATU				Date Date		

ATTACHMONT 14020587

ANNUAL LIST OF OFFICERS

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Vice President

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