## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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## DOCUMENT # H33504 FILED Entity Name SIGMA HEALTH PROPERTIES, INC. 06 MAY 16 AM 10: 16 MEURETARY OF CLATE PALLAHASSIE, FLORIDA Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY P.O. BOX 380546 BIRMINGHAM, AL 35243 BIRMINGHAM, AL 35238 HS 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04282006 Chg-P City & State City & State 4. FEI Number Applied For 74-2357411 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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 phinted name of registered agent and title if applicable, INOTE: Required Agent signature required when remutating \$5.00 MAPPO75649580 9. Election Campaign Financing CFILE NOWING FEE IS \$150.00 Trust Fund Contribution. Added 19 64 1 / 106 -- 01039 -- 001 \*\* 26900.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CPD TITLE Ociete 337 E ☐ Change ☐ Addition NAME GRINNEY, JAY NAME STREET ADDRESS 1 HEALTH SOUTH PKWY STREET ADDRESS Ctty-ST-ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP Oelete TITLE IIILE ٧Ŋ Change ☐ Addition NAME SNOW, MICHAEL D NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY - ST - ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP TITLE VSD ☐ Gelete TITLE ☐ Change ■ Addition NAME DOODY, GREGORY L NAME STREET ADDRESS 1 HLTH SOUTH PKWY STREET ADDRESS CITY - ST - ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP TITI F D-Delete ☐ Change ■ Addition Jody Mortin NAME DEMANRAY, C. DREW NAME STREET ADDRESS 1 HLTH SOUTH PKWY STREET ADDRESS One Healthsouth PKWY CITY-ST-ZIP CITY - ST - ZIP BIRMINGHAM, AL 35243 Birmushom At 35243 TITLE Delete IIILE Chance Addition MENKE, BRIAN M NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP Delete Change | ☐ Addition TITLE nn e NAME HICKS, LUCY C NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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: CHOSA PORE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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