

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

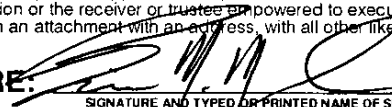
05-09-2005 90293 003 ***150.00

DOCUMENT # L00741					
1. Entity Name SCA-TAMPA, INC.					
Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US			Mailing Address PO BOX 380546 BIRMINGHAM AL 35243 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 62-6223764	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					

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1st MOORE CR2E034 (10/04)

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 <input type="checkbox"/> \$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	P, COB, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GORDON, JOEL C	NAME	Jay Grinney		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	STREET ADDRESS	One Healthsouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243	CITY-ST-ZIP	Birmingham, AL 35243		
TITLE	V <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMARAY, C. DREW	NAME			
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35243	CITY-ST-ZIP			
TITLE	VTD <input type="checkbox"/> Delete	TITLE	VP, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANSONE, GUY	NAME	John Workman		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	STREET ADDRESS	One Healthsouth Parkway		
CITY-ST-ZIP	BIRMINGHAM AL 35243	CITY-ST-ZIP	Birmingham, AL 35243		
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENKE, BRIAN M	NAME			
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35243	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOODY, GREGORY	NAME			
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35243	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VP, T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAY, ROBERT P	NAME	Michael D Snow		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	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 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 5/2/05 205-967-7116	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	