2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L04000024426

Entity Name: SARASOTA LTAC PROPERTIES, LLC

Current Principal Place of Business:

ONE HEALTHSOUTH PKWY
BIRMINGHAM, AL 35243

New Principal Place of Business:

Current Mailing Address:

ONE HEALTHSOUTH PKWY
BIRMINGHAM, AL 35243

New Mailing Address:

FEI Number: 20-0978999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	CPD	( ) Delete
Name:	GRINNEY, JAY	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VTD	( ) Delete
Name:	SNOW, MICHAEL D	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VSD	( ) Delete
Name:	DOODY, GREGORY L	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	V	( ) Delete
Name:	MENKE, BRIAN M	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VAS	( ) Delete
Name:	DEMARAY, C DREW	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VAS	( ) Delete
Name:	HICKS, LUCY C	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	SNOW, MICHAEL D	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VAS	(X) Change ( ) Addition
Name:	MARTN, JODY	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VTD	(X) Change ( ) Addition
Name:	WORKMAN, JOHN	
Address:	ONE HEALTHSOUTH PKWY	
City-St-Zip:	BIRMINGHAM, AL 35243	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JODY MARTIN VAS 04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date