

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024426

FILED  
May 01, 2008  
Secretary of State

Entity Name: SARASOTA LTAC PROPERTIES, LLC

## Current Principal Place of Business:

ONE HEALTHSOUTH PKWY  
BIRMINGHAM, AL 35243

## New Principal Place of Business:

3660 GRANDVIEW PARKWAY, SUITE 200  
BIRMINGHAM, AL 35243 US

## Current Mailing Address:

ONE HEALTHSOUTH PKWY  
BIRMINGHAM, AL 35243

## New Mailing Address:

P. O. BOX 380546  
BIRMINGHAM, AL 35243 US

FEI Number: 20-0978999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 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: VD (X) Delete  
Name: SNOW, MICHAEL D  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35243

Title: VSD (X) Delete  
Name: WHITTINGTON, JOHN P  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35243

Title: V (X) Delete  
Name: MCANDREWS, JAMES P  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35243

Title: AS (X) Delete  
Name: MARTN, JODY  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35243

Title: VTD (X) Delete  
Name: WORKMAN, JOHN  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35243

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HEALTHSOUTH CORPORAT, ION  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA M. LECKY

AS

05/01/2008

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