

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) 06

DOCUMENT # L23773					
1. Entry Name SCA-ST. PETERSBURG, INC.					
Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM, AL 35243 US			Mailing Address PO BOX 380546 BIRMINGHAM, AL 35238 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 58-1863462	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renouncing)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDCO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINNEY, JAY		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VPCF	<input type="checkbox"/> Delete	TITLE	VCFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, JOHN		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMARAY, DREW C		NAME	Diane Munson	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS	One Healthsouth Hwy	
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP	Birmingham AL 35243	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, MICHAEL D		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOODY, GREGORY L		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
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		
12. I hereby certify that the information supplied with this filing 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					