

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000174**

1. Entity Name

HEALTHSOUTH CLINICAL RESEARCH, L.L.C.



Principal Place of Business

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243

Mailing Address

PO BOX 380546  
BIRMINGHAM AL 35238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number **63-1263599**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
HEALTHSOUTH CORPORATION  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
000000358119  
05/04/05-80100-013 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

/ Brian M. Menke (205) 967-7116

Date

Daytime Phone #