## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## May 04, 2004 8:00 am Secretary of State DOCUMENT # M21961 1. Entity Name 05-04-2004 90140 046 \*\*\*150.00 DOCTORS' MEDICAL EQUIPMENT CORPORATION Mailing Address Principal Place of Business ONE HEALTHSOUTH PARKWAY P.O. BOX 380546 14021303 **BIRMINGHAM AL 35243 BIRMINGHAM AL 35238** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2587293 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SO. PINE ISLAND RD. PLANTATION FL 33324 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 reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD ☐ Change ☐ Addition ☐ Delete TITLE TITLE GORDON, JOEL C NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-7IP ☐ Change ■ Addition TITLE VSD ☐ Delete TITLE SANSONE, GUY ONE HEALTHSOUTH PKWY HALE, BRANDONIO NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS BIRMINGHAM, AL 35243 BIRMINGHAM AL 35243 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE MAY, ROBERT P NAME NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE MENKE, BRIAN M. ONE HEALTHSOUTH PKWY BOTTS, RICHARD E. NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE SECRETARY DOODY, GREGORY L. ONE HEALTHSOUTH PKWY HORTON, WILLIAM W NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE DEMARAY, DREW C NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-7IP 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.

<u>Brian M. Menke</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

967-7116

Machinent <u>402/303</u> #M2(961

## **Officers And Directors (continued)**

Title: Vice President & Assistant Secretary

Name: Beall D. Gary, Jr.

Street Address: One Healthsouth Parkway

City-ST-Zip Birmingham, Alabama 35243

Title: Vice President Name: Patrick A. Foster

Street Address: One Healthsouth Parkway
City-ST-Zip Birmingham, Alabama 35243

Title: Vice President Name: Larry D. Taylor

Street Address: One Healthsouth Parkway
City-ST-Zip Birmingham, Alabama 35243

Title: Vice President Name: Karen G. Davis

Street Address: One Healthsouth Parkway
City-ST-Zip Birmingham, Alabama 35243