

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90112 028 \*\*\*150.00

**DOCUMENT # M25982**

1. Entity Name

HOSPITAL HEALTH SYSTEMS, INC.



Principal Place of Business

ONE HEALTHSOUTH PKWY  
BIRMINGHAM AL 35243  
US

Mailing Address

P. O. BOX 380546  
BIRMINGHAM AL 35238  
US

50049523



1st MOORE CR2E034 (10/04)

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

59-2639380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD SANSONE, GUY ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOODY, GREG L ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, LARRY D ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Grinney, Jay One HealthSouth Parkway Birmingham, Alabama 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Snow, Michael D. One HealthSouth Parkway Birmingham, Alabama 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Doody, Gregory L. One HealthSouth Parkway Birmingham, Alabama 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Demaray, C. Drew One HealthSouth Parkway Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Hicks, Lucy C. One HealthSouth Parkway Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ Brian M. Menke (205) 967-7116

Date

Daytime Phone #