

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) 06

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		
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 <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 31, 2006 Added to Fees 100075649321 06-01039--001 **26900.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRINNEY, JAY		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<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	VSD	<input type="checkbox"/> Delete	TITLE	<input 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	VAS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEMARAY, C. DREW		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENKE, BRIAN M		NAME		
STREET ADDRESS	ONE HEALTSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKS, LUCY C		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		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					