

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90174 017 ***150.00

DOCUMENT # M48794

1. Entity Name
CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

12060003

2. Principal Place of Business ONE HEALTHSOUTH PARKWAY		3. Mailing Address P.O. BOX 380546	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BIRMINGHAM, AL		City & State BIRMINGHAM, AL	
Zip 35243	Country US	Zip 35243	Country US

4. FEI Number 58-1764895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CT CORPORATION	
Street Address (P.O. Box Number is Not Acceptable)	
1200 S. PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		
TITLE CD NAME GORDON, JOEL C STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY - ST - ZIP BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE VTD NAME SANSONE, GUY STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY - ST - ZIP BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE PD NAME MAY, ROBERT P STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY - ST - ZIP BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE S NAME DOODY, GREG L STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY - ST - ZIP BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE V NAME BRIAN M. MENKE STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY - ST - ZIP BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE V NAME TAYLOR, LARRY D STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY - ST - ZIP BIRMINGHAM, AL 35243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address with an office like empowered.

SIGNATURE:  **BRIAN M. MENKE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

205-967-7116
Daytime Phone #

ATTACHMENT

m48794 14020634

ANNUAL LIST OF OFFICERS

Patrick A. Foster	Vice President
Karen G. Davis	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary

All Addresses c/o
HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, AL 35243
Phone (205) 967-7116