

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

06 MAY 16 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M94000000168**

1. Entity Name  
**WINTER PARK, LLC LIMITED COMPANY**



Principal Place of Business  
**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243**

Mailing Address  
**P.O. BOX 380546  
BIRMINGHAM, AL 35238**

**DO NOT WRITE IN THIS SPACE**

04282006 No Chg-LLC

CR2E083 (11/05) *ob*

4. FEI Number  
**62-1587564**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**C Filing Fee is: \$50.00  
Due by May 1, 2006**

**100075647831**  
06/01/06--01039--001 \*\*26900.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCA-WINTER PARK, INC. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRINCETON PROFESSIONAL SERVICES, INC. 601 EAST ROLLINS STREET ORLANDO, FL 32902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #