



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M94000000169 1. Entry Name SCA/FT. MYERS, LLC LIMITED COMPANY						FILED 06 MAY 16 AM 11:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243				Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238			
2. Principal Place of Business			3. Mailing Address			 04282006 Chg-LLC CR2E083 (11/05) 06	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 62-1587567						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<Filing Fee is \$50.00> Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE HEALTH VENTURES, INC. 16201 BASS RD. FT. MYERS, FL 33907 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800075647868 06/01/06--01039--001 **26900.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCA-FT. MYERS, INC. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							