

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M94000000169

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** SCA/FT. MYERS, LLC LIMITED COMPANY

**Current Principal Place of Business:**

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380546  
BIRMINGHAM, AL 35238

**New Mailing Address:**

**FEI Number:** 62-1587567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEE HEALTH VENTURES,, INC.  
Address: 16201 BASS RD.  
City-St-Zip: FT. MYERS, FL 33907

Title: MGRM ( ) Delete  
Name: SCA-FT. MYERS, INC.,  
Address: ONE HEALTHSOUTH PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35243

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JODY MARTIN

AS

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date