2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02374

1. Entity Name
HEALTHSOUTH CORPORATION

FILED
06 MAY 16 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE HEALTHSOUTH PKWY BIRMANGHAM, AL 35243 US	P.O. BOX 380546 BIRMINGHAM, AL 32538 US

04282006 Chg-P CR2E034 (11/05) 06

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 63-0860407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to Fees

000075649030
060516--01039--001 **26900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRINNWY, JAY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jay Grinney One Healthsouth Pkwy Birmingham AL 35243	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leo Higdon One Healthsouth Pkwy Birmingham AL 35243	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SNOW, MICHAEL D ONE HEALTHSOUTH PKWY BRIMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS DOODY, GREGORY L ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TARR, MARK ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVIS, KAREN G ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V John Workman One Healthsouth Pkwy Birmingham AL 35243	☐ Change ☐ Addition

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 Date Daytime Phone #