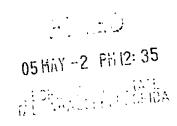
2005 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P03000014730 1. Entity Name MEADOWBROOK LONG TERM ACUTE CARE SERVICES, INC. Principal Place of Business Mailing Address C/O MEADOWBROOK HEALTHCARE C/O MEADOWBROOK HEALTHCARE 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35243 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35243





01242005

No Chg-P

CR2E034 (10/03)

4. FEI Number 75-3145187

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 103 N. MERIDIAN ST. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

04/28/05

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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCROBERTS, JOHN W 1200 CORPORATE DRIVE, SUITE 34 BIRMINGHAM, AL 35242	0				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, CHRISTOPHER J LEE, JOHN 11 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35242			200054666422 05/17/0501024003 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICOLL, JANET L 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35242			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 Block 11 if						

205)980-9970