


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000014730	
1. Entity Name MEADOWBROOK LONG TERM ACUTE CARE SERVICES, INC.	

Principal Place of Business C/O MEADOWBROOK HEALTHCARE 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35243	Mailing Address C/O MEADOWBROOK HEALTHCARE 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35243
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DO NOT WRITE IN THIS SPACE

05 MAY -2 PM 12:35
FLORIDA

01242005 No Chg-P CR2E034 (10/03) 05

4. FEI Number 75-3145187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD MCROBERTS, JOHN W 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SMITH, CHRISTOPHER J LEE, JOHN III 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NICOLL, JANET L 1200 CORPORATE DRIVE, SUITE 340 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/17/05--01024--003 **150.00

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. McRoberts 04/28/05 (205) 980-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #