

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90173 016 ***150.00

DOCUMENT # P10581

1. Entity Name
HEALTHSOUTH MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ONE HEALTHSOUTH PARKWAY

P.O. BOX 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BIRMINGHAM, AL

City & State

BIRMINGHAM, AL

4. FEI Number

63-0872396

Applied For

Not Applicable

Zip

35243

Country

US

Zip

35243

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

**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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD**
NAME **GORDON, JOEL C**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VTD**
NAME **SANSONE, GUY**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **PD**
NAME **MAY, ROBERT P**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **S**
NAME **DOODY, GREG L**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **V**
NAME **BRIAN M. MENKE**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **V**
NAME **TAYLOR, LARRY D**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

BRIAN M. MENKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

205-967-7116

Daytime Phone #

ATTACHMENT
14020585
P/0581

ANNUAL LIST OF OFFICERS

Patrick A. Foster	Vice President
Karen G. Davis	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary

All Addresses c/o
HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, AL 35243
Phone (205) 967-7116