


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10581 1. Entity Name HEALTHSOUTH MEDICAL CENTER, INC.					
Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 US				Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35243 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 63-0872396	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when "reissuing") DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD GRIMMEY, JAY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SNOW, MICHEAL ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DOODY, GREGORY L ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS DEMARAY, DREW C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENKE, BRIAN M ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS HICKS, LUCY C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jay Grimey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Jody Martin One Healthsouth Pkwy Birmingham Al 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 # _____					

FILED

06 MAY 16 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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