

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P15758

1. Entity Name

CONTINENTAL MEDICAL OF PALM BEACH, INC.



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

05-04-2004 90140 048 ***150.00

14021301



MOORE CR2E034 (11/03)

Principal Place of Business		Mailing Address				
ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 US		P O BOX 380546 BIRMINGHAM AL 35238				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
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, 2004 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JOEL C		NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	
*TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, BRANDON O		NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTs, RICHARD E		NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, ROBERT P.		NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARAY, C. DREW		NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, WILLIAM W		NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	

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:

Brian M. Menke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

(205) 967-7116

Daytime Phone #

Attachment

14021301

#P15758

Officers And Directors (continued)

Title:	Vice President & Assistant Secretary
Name:	Beall D. Gary, Jr.
Street Address:	One Healthsouth Parkway
City-ST-Zip	Birmingham, Alabama 35243
Title:	Vice President
Name:	Patrick A. Foster
Street Address:	One Healthsouth Parkway
City-ST-Zip	Birmingham, Alabama 35243
Title:	Vice President
Name:	Larry D. Taylor
Street Address:	One Healthsouth Parkway
City-ST-Zip	Birmingham, Alabama 35243
Title:	Vice President
Name:	Karen G. Davis
Street Address:	One Healthsouth Parkway
City-ST-Zip	Birmingham, Alabama 35243