

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-04-2004 90174 019 ***150.00

DOCUMENT # P32928

1. Entity Name
CMS REHABILITATION CENTER OF HIALEAH, INC.

DO NOT WRITE IN THIS SPACE

14020632

2. Principal Place of Business
ONE HEALTHSOUTH PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 380546
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BIRMINGHAM, AL

City & State
BIRMINGHAM, AL

4. FEI Number
25-1650792

Applied For
Not Applicable

Zip Country
35243 US

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35243 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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 State Zip Code
PLANTATION FL 33324

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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 **VTO**
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

4/22/04
Date

205-967-7116
Daytime Phone #

ATTACHMENT

P32928

14020632

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