

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 033 ***150.00

DOCUMENT # P32928

1. Entity Name

CMS REHABILITATION CENTER OF HIALEAH, INC.



Principal Place of Business

**ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243
US**

Mailing Address

**P O BOX 380546
BIRMINGHAM AL 35238
US**

00049518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

25-1650792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION
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, 2005 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 checked="" type="checkbox"/> Delete
NAME	GORDON, JOEL C	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	SANSONE, GUY	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAY, ROBERT P	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	DOODY, GREG L	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> Delete
NAME	MENKE, BRIAN M	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LARRY D	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grinney, Jay	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, Alabama 35243	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snow, Michael D.	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Demaray, C, Drew	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doody, Gregory L.	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, Alabama 35243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hicks, Lucy C.	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ Brian M. Menke (205) 967-7116

Date

Daytime Phone #