


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2005 90110 027 \*\*\*150.00

**DOCUMENT # P36934**  
 1. Entity Name  
**CMS SOUTH MIAMI REHAB, INC.**



Principal Place of Business  
**ONE HEALTHSOUTH PARKWAY  
 BIRMINGHAM AL 35243  
 US**

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

**30049424**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **25-1671856**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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 **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 \_\_\_\_\_ (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

TITLE	V	<input type="checkbox"/> Delete
NAME	MENKE, BRIAN	
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	DVS	<input checked="" type="checkbox"/> Delete
NAME	HALE, BRANDON O	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	HORTON, WILLIAM W	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOTTS, RICHARD E	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	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	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	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	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 another like empowered.

SIGNATURE  / Brian M. Menke (205) 967-7116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #