

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) 06

DOCUMENT # P40547

1. Entity Name  
SHC NORTH DADE, INC.



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

Mailing Address  
P O BOX 380546  
BIRMINGHAM, AL 35238 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
58-2010078

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 job if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

900075650069

06/01/06--01039--001 \*\*26900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete  
NAME GRINNEY, JAY  
STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME SNOW, MICHAEL D  
STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCFO ☐ Delete  
NAME WORKMAN, JOHN  
STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MENKE, BRIAN M  
STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME DOODY, GREGORY L  
STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE VSD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME DEMARAY, DREW  
STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE AS ☐ Change ☒ Addition  
NAME Jody Martin  
STREET ADDRESS One Healthsouth Pkwy  
CITY-ST-ZIP Birmingham AL 35243

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 #