

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2005 90112 029 ***150.00

DOCUMENT # P94000036500



1. Entity Name

LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.

Principal Place of Business

**ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243
US**

Mailing Address

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

50049522



1st MOORE

CR2E034 (10/04)

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

63-1119356

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 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, 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 PD ☒ Delete
NAME MAY, ROBERT P
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE CPD ☒ Change ☐ Addition
NAME Grinney, Jay
STREET ADDRESS One HealthSouth Parkway
CITY-ST-ZIP Birmingham, Alabama 35243

TITLE CD ☒ Delete
NAME GORDON, JOEL C
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE VTD ☒ Change ☐ Addition
NAME Snow, Michael D.
STREET ADDRESS One HealthSouth Parkway
CITY-ST-ZIP Birmingham, AL 35243

TITLE V ☒ Delete
NAME BOTTS, RICHARD E
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE VSD ☒ Change ☐ Addition
NAME Doody, Gregory L.
STREET ADDRESS One HealthSouth Parkway
CITY-ST-ZIP Birmingham, Alabama 35243

TITLE VAS ☐ Delete
NAME DEMARAY, C. DREW
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

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

TITLE VAS ☒ Delete
NAME HORTON, WILLIAM W.
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL

TITLE V ☒ Change ☐ Addition
NAME Menke, Brian M.
STREET ADDRESS One HealthSouth Parkway
CITY-ST-ZIP Birmingham, Alabama 35243

TITLE VSD ☒ Delete
NAME HALE, BRANDON O
STREET ADDRESS ONE HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE VAS ☒ Change ☐ 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 #