

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90186 015 ***150.00

DOCUMENT # P96000074064

1. Entity Name
NSC PORT ST. LUCIE, INC.



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

Mailing Address
P. O. BOX 380546
BIRMINGHAM, AL 35238 US

64076430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-4103651

Applied For

Not Applicable

Zip

Country

Zip

Country

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 RD.
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, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALE, BRANDON O ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, PATRICK A ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, WILLIAM W ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V Brian M. Menke One Healthsouth Parkway Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S Gregory L. Doody One Healthsouth Parkway Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VTD Guy Sansone One Healthsouth Parkway Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Brian M. Menke/VP of GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

(205)976-7116
Daytime Phone #

ATTACHMENT
241072436

NSC PORT ST. LUCIE, INC.

Document # P96000074064

FEIN # 36-4103651

OFFICERS AND DIRECTORS

Joel C. Gordon	Chairman of the Board and Director
Robert P. May	President and Director
Gregory L. Doody	Secretary
Guy Sansone	Vice President, Treasurer and Director
Larry D. Taylor	Vice President
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
Brian M. Menke	Vice President

All addresses c/o

HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, Alabama 35243
Telephone: 205/967-7116