## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000046081

Entity Name: NSC JACKSONVILLE, INC.

FILED Apr 24, 2007 Secretary of State

| Current Principal Place of Business:   |  | New Princ                                   | New Principal Place of Business:   |  |
|--|--|---|--|--|
| ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243  |  |   |  |  |
| Current Mailing Address:   |  | New Maili                                   | New Mailing Address:   |  |
| P.O. BOX 380546<br>BIRMINGHAM, AL 35238  |  |   |  |  |
| FEI Number: 59-3520982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  |  |   |  |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |  |   |  |  |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US  |  |   |  |  |
| 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.   |  |   |  |  |
| SIGNATURE:   |  |   |  |  |
|  | Electronic Signature of Registered Ager  | nt  | Date   |  |
| Election Campaign Financing Trust Fund Contribution ( ).   |  |   |  |  |
| OFFICERS AND DIRECTORS:  |  | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CPD ( ) Delete<br>GRINNEY, JAY<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243    | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | V () Delete<br>MENKE, BRIAN M<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243     | Title:<br>Name:<br>Address:<br>City-St-Zip: | V (X) Change ( ) Addition<br>MCANDREWS, JAMES P III<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VSD () Delete<br>DOODY, GREGORY L<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243 | Title:<br>Name:<br>Address:<br>City-St-Zip: | VSD (X) Change ( ) Addition<br>WHITTINGTON, JOHN P<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VD () Delete<br>SNOW, MICHAEL D<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VAS () Delete<br>MARTIN, JODY<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243     | Title:<br>Name:<br>Address:<br>City-St-Zip: | AS (X) Change ( ) Addition<br>MARTIN, JODY<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VT () Delete<br>WORKMAN, JOHN<br>ONE HEALTH SOUTH PARKWAY<br>BIRMINGHAM, AL 35243    | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered. |  |   |  |  |

SIGNATURE: JODY MARTIN AS 04/24/2007