



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-06-2004 90168 037 ***150.00

DOCUMENT # P98000046082 1. Entity Name NSC ST. AUGUSTINE, INC.					
Principal Place of Business ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243			Mailing Address P. O. BOX 380546 BIRMINGHAM, AL 35243		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3520981	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP HALE, BRANDON O ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gregory L. Doody One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SANSONE, GUY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HORTON, WILLIAM W ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS C. Drew Demaray One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOTTS, RICHARD E ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brian M. Menke 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			5/26/04 (205) 967-7116 Date Daytime Phone #		

54053064



04142004 Chg-P CR2E034 (10/03)

Attachment P98000046082

54053064

NSC St. Augustine, Inc.
FEIN# 59-3520981
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SUBSIDIARY OFFICERS AND DIRECTORS

Joel C. Gordon	Chairman of the Board and Director
Robert P. May	President and Director
Gregory L. Doody	Vice President; Secretary
Guy Sansone	Vice President, Treasurer and Director
Larry D. Taylor	Vice President
Patrick A. Foster	Vice President
Karen G. Davis	Vice President
Diane L. Munson	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary
Brian M. Menke	Vice President
Lisa M. Byrd	Vice President (Surgery Center Subsidiaries Only)

All addresses c/o

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