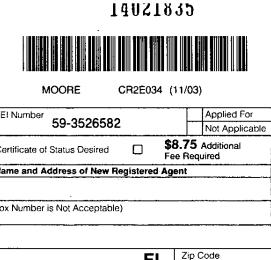
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P98000063256 NEURO IMAGING INSTITUTE II, INC. Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY P.O. BOX 380546 **BIRMINGHAM AL 35238** BIRMINGHAM AL 35243





2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME GORDON, JOEL C NAME STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP VSD VTD TITLE X Delete X Addition TITLE ☐ Change HALF, BRANDON O NAME -NAME **GUY SANSONE** STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP BIRMINGHAM, ALABAMA 35243 Delete TITLE TITLE ☐ Change Addition VP NAME BOTTS, RICHARD E NAME BRIAN M MENKE STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP BIRMINGHAM, ALABAMA 35243 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAY, ROBERT P NAME NAME ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS BIRMINGHAM AL 35243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE DEMARAY, C. DREW NAME NAME ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition HORTON, WILLIAM W NAME NAME GREGORY L DOODY ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY **BIRMINGHAM AL 35243** CITY-ST-782 CITY-ST-ZIP

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 employered 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) 967-71.16

aftachment 1400

Neuro Imaging Institute II Inc

P9 8000063256

Officers & 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 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

C/O
Healthsouth Corporation
One Healthsouth Parkway
Birmingham, AL 35243