


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90235 016 \*\*\*150.00

<b>DOCUMENT # P98000063256</b>	
<b>1. Entity Name</b> NEURO IMAGING INSTITUTE II, INC.	

<b>Principal Place of Business</b> ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<b>Mailing Address</b> P.O. BOX 380546 BIRMINGHAM AL 35238
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14021835



MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 59-3526582	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> CD <input type="checkbox"/> Delete	<b>NAME</b> GORDON, JOEL C
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY	<b>CITY-ST-ZIP</b> BIRMINGHAM AL 35243
<b>TITLE</b> VSD <input checked="" type="checkbox"/> Delete	<b>NAME</b> HALE, BRANDON O
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY	<b>CITY-ST-ZIP</b> BIRMINGHAM AL 35243
<b>TITLE</b> V <input checked="" type="checkbox"/> Delete	<b>NAME</b> BOTTS, RICHARD E
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY	<b>CITY-ST-ZIP</b> BIRMINGHAM AL 35243
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> MAY, ROBERT P
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY	<b>CITY-ST-ZIP</b> BIRMINGHAM AL 35243
<b>TITLE</b> V <input type="checkbox"/> Delete	<b>NAME</b> DEMARAY, C. DREW
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY	<b>CITY-ST-ZIP</b> BIRMINGHAM AL 35243
<b>TITLE</b> V <input checked="" type="checkbox"/> Delete	<b>NAME</b> HORTON, WILLIAM W
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY	<b>CITY-ST-ZIP</b> BIRMINGHAM AL 35243

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> VTD GUY SANSONE
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PARKWAY	<b>CITY-ST-ZIP</b> BIRMINGHAM, ALABAMA 35243
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> VP BRIAN M MENKE
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PARKWAY	<b>CITY-ST-ZIP</b> BIRMINGHAM, ALABAMA 35243
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> S GREGORY L DOODY
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PARKWAY	<b>CITY-ST-ZIP</b> BIRMINGHAM, ALABAMA 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:**  **BRIAN M. MENKE** 4/30/04 (205) 967-7116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

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#P98000063256

Neuro Imaging Institute II Inc

### Officers & Directors

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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