## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 05, 2004 8:00 am Secretary of State DOCUMENT # \$31434 1. Entity Name 05-05-2004 90235 015 \*\*\*150.00 HSC OF BOCA RATON, INC. Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY P.O. BOX 380546 1400C1000 **BIRMINGHAM AL 35243 BIRMINGHAM AL 35238** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 62-1509341 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 SO. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition TITLE ☐ Delete GORDON, JOELXP C. NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIE BIRMINGHAM AL 35243 CITY-ST-ZIP Change ☐ Addition TITLE PD ☐ Delete TITLE MAY, ROBERT & P. NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME DEMARAY, C DREW NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP CITY-ST-7IP BIRMINGHAM AL 35243 VSD VTD X Delete ☐ Change X Addition TITLE TITLE HALE, BRANDON O NAME NAME **GUYCSANSONE** ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP **BIRMINGHAM AL 35243** CiTY-ST-7/P BIRMINGHAM, AL 35243 VAS X Delete ☐ Change **★** Addition TITLE TITLE HORTON, WILLIAM W NAME NAME GREGORY L DOODY ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIE BIRMINGHAM, AL 35243 Addition Delete TITLE ☐ Change TITLE VP BOTTS, RICHARD E NAME NAME BRIAN M MENKE ONE HEALTHSOUTH PKWY. STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY 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 trueted empowered to execute this export 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 a saddress with all other like expowered.

**FILED** 

3064 205/967#7116

Daytime Phone #

Ottachment 1402

HSC of Boca Raton Inc

14021836. #SB1434

## 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

Lisa M. Byrd Vice President

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