

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90291 049 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # S31434</b><br>1. Entity Name<br><b>HSC OF BOCA RATON, INC.</b>   |  |                     |   |   |  |
| Principal Place of Business<br><b>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243<br/>US</b>   |  |                     | Mailing Address<br><b>P.O. BOX 380546<br/>BIRMINGHAM AL 35238<br/>US</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State        |   |   |  |
| Zip  | Country  | Zip                 | Country   | 4. FEI Number <b>62-1509341</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |                     |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 SO. PINE ISLAND RD.<br/>PLANTATION FL 33324</b>   |  |                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD <input checked="" type="checkbox"/> Delete<br><b>GORDON, JOEL P<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P,CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Jay Grinney<br/>One Healthsouth Parkway<br/>Birmingham, AL 35243</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD <input checked="" type="checkbox"/> Delete<br><b>MAY, ROBERT C<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243</b>  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Michael D Snow<br/>One Healthsouth Parkway<br/>Birmingham, AL 35243</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT <input type="checkbox"/> Delete<br><b>DEMARAY, C DREW<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243</b>           |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | --- <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VTD <input checked="" type="checkbox"/> Delete<br><b>SANSONE, GUY<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243</b>  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>John Workman<br/>One Healthsouth Parkway<br/>Birmingham, AL 35243</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD <input type="checkbox"/> Delete<br><b>DOODY, GREGORY L<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243</b>         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | --- <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP <input type="checkbox"/> Delete<br><b>MENKE, BRIAN M<br/>ONE HEALTHSOUTH PKWY.<br/>BIRMINGHAM AL 35243</b>              |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | --- <input type="checkbox"/> Change <input 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. |  |                     |   |   |  |
| <b>SIGNATURE:</b>  |  |                     | <b>Brian M Menke/Vice President</b> <i>5/2/05</i> <b>205-967-7116</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                     | <small>Date Daytime Phone #</small>   |   |  |