2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S38556

1. Entity Name
HERITAGE MEDICAL SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 US	P O BOX 380546 BIRMINGHAM, AL 35238 US

04282006 Chg-P CR2E034 (11/05) 06

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 62-1459038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM REGISTERED OFFICE
1200 S PINE ISLAND RD
C/O CT CORPORATION SYSTEM
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 _____
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

300075649429
061706--01039--001 **26900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRINNEY, JAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD Jay Grinney One Healthsouth Parkway Birmingham AL 35243	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SNOW, MICHAEL D ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOODY, GREGORY L ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSO	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WORKMAN, JOHN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SANSONE, GUY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V James McAndrews One Healthsouth Parkway Birmingham AL 35243	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DEMARAY, C DREW ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS Jody Martin One Healthsouth Parkway Birmingham AL 35243	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #