# 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<br>BIRMINGHAM, AL 35243 US | P O BOX 380546<br>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 | 7. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM REGISTERED OFFICE<br>1200 S PINE ISLAND RD<br>C/O CT CORPORATION SYSTEM<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 resigning) 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

900075649429
06-05-01,06--01039--001 **26900.00

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