


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 021 ***150.00

DOCUMENT # S75697	
1. Entity Name SCA - FT. MYERS, INC.	

Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US	Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

50049530

4. FEI Number 58-1953070		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD	<input checked="" type="checkbox"/> Delete	TITLE P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GORDON, JOEL C		NAME Jay Grinney	
STREET ADDRESS ONE HEALTHSOUTH PKWY.		STREET ADDRESS One Healthsouth Parkway	
CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP Birmingham, AL 35243	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAY, ROBERT P		NAME John Workman	
STREET ADDRESS ONE HEALTHSOUTH PKWY		STREET ADDRESS One Healthsouth Parkway	
CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP Birmingham, AL 35243	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMARAY, C. DREW		NAME	
STREET ADDRESS ONE HEALTHSOUTH PKWY		STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP	
TITLE VTD	<input checked="" type="checkbox"/> Delete	TITLE VP, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANSONE, GUY		NAME Michael D Snow	
STREET ADDRESS ONE HEALTHSOUTH PKWY.		STREET ADDRESS One Healthsouth Parkway	
CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP Birmingham, AL 35243	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOODY, GREGORY L		NAME	
STREET ADDRESS ONE HEALTHSOUTH PKWY.		STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENKE, BRIAN M		NAME	
STREET ADDRESS ONE HEALTHSOUTH PKWY.		STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP	

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/Vice President** **4/27/05** **205-967-7116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #