2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S75697

1. Entity Name
SCA - FT. MYERS, INC.

FILED
06 MAY 16 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282006 Chg-P CR2E034 (11/05) 06

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

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 58-1953070 — 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

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06 MAY 17 AM 11:06--01033--001 **26900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	CPD	☑ Change ☐ Addition
NAME	GRINNEY, JAY		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VCFO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WORKMAN, JOHN		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	V	☐ Change ☐ Addition
NAME	DEMARAY, C. DREW		NAME	James McAndrews	
STREET ADDRESS	ONE HEALTHSOUTH PKWY		STREET ADDRESS	One Healthsouth Pkwy	
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP	Birmingham AL 35243	
TITLE	VTD	☐ Delete	TITLE	VD	☑ Change ☐ Addition
NAME	SNOW, MICHAEL D		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	VSD	☑ Change ☐ Addition
NAME	DOODY, GREGORY L		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	V	☑ Change ☐ 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 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 #