

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90235 001 \*\*\*150.00

**DOCUMENT # V23956**

1. Entity Name

**SURGICAL HEALTH OF ORLANDO, INC.**



Principal Place of Business

**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243  
US**

Mailing Address

**P.O. BOX 380546  
BIRMINGHAM AL 35238**

**14021850**



MOORE CR2E034 (11/03)

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 **58-1997354**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
NAME **GORDON, JOEL C**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **PD** ☐ Delete  
NAME **MAY, ROBERT P**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **VSD** ☒ Delete  
NAME **HALE, BRANDON O**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM AL 35243**

TITLE **VTD** ☐ Change ☒ Addition  
NAME **GUY SANSONE**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM, ALABAMA 35243**

TITLE **V** ☐ Delete  
NAME **DEMARAY, C. DREW**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **VAS** ☒ Delete  
NAME **HORTON, WILLIAM W**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM AL 35243**

TITLE **S** ☐ Change ☒ Addition  
NAME **GREGORY L DOODY**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM, ALABAMA 35243**

TITLE **V** ☒ Delete  
NAME **BOTTS, RICHARD E**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM AL 35243**

TITLE **VP** ☐ Change ☒ Addition  
NAME **BRIAN M. MENKE**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST- ZIP **BIRMINGHAM, ALABAMA 35243**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRIAN M MENKE**

**4/30/04**

**(205) 967-7116**

Daytime Phone #

Attachment

Surgical Health of Orlando Inc

Officers & Directors

14621850  
# V23956

Joel C. Gordon  
Chairman of the Board and Director

Robert P. May  
President and Director

Gregory L. Doody  
Secretary

Guy Sansone  
Vice President Treasurer and Director

Larry D. Taylor  
Vice President

Patrick A. Foster  
Vice President

Karen Davis  
Vice President

C. Drew Demaray  
Vice President and Assistant Secretary

Beall D. Gary, Jr.  
Vice President and Assistant Secretary

Brian M. Menke  
Vice President

Lisa Byrd  
Vice President

C/O  
Healthsouth Corporation  
One Healthsouth Parkway  
Birmingham, AL 35243