

041254-00  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90025 050 \*\*\*150.00

**DOCUMENT # 604506**

1. Entity Name

**BOCA RATON ORTHOPAEDIC ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**1 HEALTHSOUTH PARKWAY  
 BRIMINGHAM AL 35243  
 US**

**P.O. BOX 380546  
 BIRMINGHAM AL 35238-0546  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1466727**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **COBD SCRUSHY, RICHARD**  
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVS TANNER, ANTHONY J**  
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE  Change  Addition  
 NAME **VSD Brandon O. Hale**  
 STREET ADDRESS **One HealthSouth Parkway**  
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE  Delete  
 NAME **VAS HORTON, WILLIAM W**  
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VT MARTIN, MICHAEL D**  
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SRV BOTTS, RICHARD**  
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV BENNETT, JAMES P**  
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

*Richard E. Botts*  
**Richard E. Botts, VP**

Date

Daytime Phone #

**1/24/00 (205) 967-7116**

CR2004 (9/99)