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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

700003129567-1
-02/09/00--01061--010
*****70.00 *****70.00

CORPORATION(S) NAME

HEALTHSOUTH of Spring Hill, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 AM 11:23

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Merger
- Dissolution/Withdrawal
- Mark

- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Annual Report
- Reservation
- Photo Copies
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- Will Wait
- Other
- Change of Name
- Fictitious Name
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- Call When Ready
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- Mail Out

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SECRETARY OF STATE
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Acknowledgment
W.P. Verifier

219

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THANKS !

CONNIE BRYAN

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

- 1. Healthsouth of Spring Hill, Inc.
2. Delaware
3.
4. February 1st, 2000
5. Perpetual
6. upon filing
7. One Healthsouth Parkway, Birmingham, Alabama 35243
8. see addendum

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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

00 FEB - 9 PM 1:28
CITY OF CHICAGO
COMMISSIONERS OF PUBLIC WORKS

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *C. Drew Demaray*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. C. Drew Demaray, Vice President
(Typed or printed name and capacity of person signing application)

Addendum

1. To engage in the business of providing comprehensive rehabilitation and clinical healthcare services on an ambulatory and inpatient basis in rehabilitation clinics, surgery centers and hospitals to the general public through the provision of physician services, physical therapy, social and/or psychological, respiratory therapy, cardiac rehabilitation, pulmonary rehabilitation, occupational therapy, speech pathology, prosthetic and orthotic devices, nursing care, drugs and biologicals, supplies, appliances and equipment and outpatient surgery and related care, and other services and to do any and all things necessary and appropriate to carry out such business effectively, including, without limitation, the owning, leasing, management and operation of medical facilities and other physical properties, either directly or indirectly, or in concert with others.

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Subsidiary Officers and Directors

Richard M. Scrushy, Chairman of the Board and Director
P. Daryl Brown, President- HEALTHSOUTH Outpatient Division East
Patrick A. Foster, President- HEALTHSOUTH Outpatient Division West
Robert E. Thompson, President- Inpatient Division
James P. Bennett, Vice President and Director
Michael D. Martin, Vice President and Treasurer
Brandon O. Hale, Vice President and Secretary and Director
William T. Owens, Vice President
William W. Horton, Vice President and Assistant Secretary
C. Drew Demaray, Vice President and Assistant Secretary
Richard E. Botts, Vice President
Beall D. Gary, Jr., Vice President and Assistant Secretary

All addresses c/o
HEALTHSOUTH Corporation
One HealthSouth Parkway
Birmingham, Alabama 35243

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HEALTHSOUTH CORPORATION
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH OF SPRING HILL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

0233317

02-02-00