

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
HEALTHSOUTH OF SPRING HILL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

300.00


10F3

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10 JAN 4 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000000727

1. Corporation Name
HealthSouth of Spring Hill, Inc.

2. Principal Office Address - No P.O. Box # 3660 Grandview Parkway		3. Mailing Office Address P. O. Box 380546	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35243	Country	Zip 35238	Country

REINSTATEMENT
CR 2531 (11/08)

09-10

4. Date Incorporated or Qualified To Do Business in Florida **02/09/2000**

5. FEI Number **631244181** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

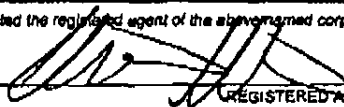
City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the abovesigned corporation, am familiar with and certify the qualifications of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent  **CHRIS McNEAL** Assistant Secretary Date **01/04/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached list		

10. E-mail Address: **Dina.Johnson@HealthSouth.com** (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **James P. McAndrews III** 1/4/2010 205-967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11420

Subsidiary Officers and Directors for 2008

Effective November 1, 2008

Mark Tarr	Chairman of the Board, President and Director
John Workman	Vice President and Director
John P. Whittington	Vice President, Secretary and Director
Edmund Fay	Treasurer
Robert M. Wisner	Vice President
Arthur E. Wilson, Jr.	Vice President
James P. McAndrews, III	Vice President
Donna Lecky	Assistant Secretary
Sandra W. Murvin	Assistant Secretary

All addressees c/o

HealthSouth Corporation
3660 Grandview Parkway
Suite 200
Birmingham, Alabama 35243
Telephone: (205) 967-7116