

# F 01000004282

CORPORATION(S) NAME

Healthsouth LTAC of Sarasota, Inc.

01 AUG 13 PM 4:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 13 PM 3:03  
RECEIVED  
DIVISION OF CORPORATION

- Profit  Amendment  Merger
- Nonprofit
- Foreign  Dissolution/Withdrawal  Mark
- Limited Partnership  Reinstatement
- LLC  Annual Report  Other
- Certified Copy  Name Registration  Change of RA
- Call When Ready  Fictitious Name  UCC
- Walk In  Photocopies  CUS
- Mail Out  Call If Problem  After 4:30
- Mail Out  Will Wait  Pick Up

*B*

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

8/13/01

*Wes*

Order#: 4716101  
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 -08/14/01--01001--006  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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 LTA C of Sarasota, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
- 2. Delaware 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. August 08, 2001 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. Upon Quilt.  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. One Healthsouth Parkway, Birmingham, Alabama 35243  
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized to do business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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  
(Zip code)

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.*

C T Corporation System  
Dale W. Morris  
(Registered agent's signature)

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

President: See attached

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. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William W. Horton, Executive Vice President

(Typed or printed name and capacity of person signing application)

**(H) HEALTHSOUTH®**  
DIRECTORS AND OFFICERS

**DIRECTORS**

Richard M Scrushy, Chairman  
John S Chamberlin  
C Sage Givens  
Joel C Gordon  
Charles W Newhall III  
William T Owens  
George H Strong  
Larry D Striplin, Jr  
Phillip C Watkins

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**EXECUTIVE [16(b)] OFFICERS**

Richard M Scrushy  
*Chairman of the Board & Chief Executive Officer, President*  
Thomas W Carman  
*Executive Vice President, Development*  
William T Owens  
*Executive Vice President & Chief Financial Officer*  
William W Horton  
*Executive Vice President & Corporate Counsel*  
Robert E Thomson  
*President & Chief Operating Officer, HEALTHSOUTH Inpatient Services*  
Patrick A Foster  
*President & Chief Operating Officer, HEALTHSOUTH Ambulatory Services - West*  
Larry D Taylor  
*President & Chief Operating Officer, HEALTHSOUTH Ambulatory Services - East*  
Brandon O Hale  
*Senior Vice President, Administration*  
*Corporate Secretary & Chief Compliance Officer*  
Malcolm E McVay  
*Senior Vice President, Finance & Treasurer*

**ALL ADDRESSES:**

HEALTHSOUTH Corporation  
One Healthsouth Parkway  
Birmingham, Alabama 35243  
Telephone: 205/967-7116

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH LTAC OF SARASOTA, 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 NINTH DAY OF AUGUST, A.D. 2001.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

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AUTHENTICATION: 1286936  
DATE: 08-09-01