

Division of Corporations

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**F140000261763**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

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: \_\_\_\_\_

RECEIVED  
14 APR 21 PM 1:09  
STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**HealthSouth Auxiliary Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

*B4/22/14*

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HealthSouth Auxiliary Corporation  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
HealthSouth Auxiliary Corporation  
Firm/Company

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ )  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

- 1. HealthSouth Auxiliary Corporation  
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- 2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. March 7, 2014 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
- 7. 3660 Grandview Parkway, Suite 200, Birmingham, AL 35243  
(Principal office address)

\_\_\_\_\_ (Current mailing address)  
 A non-profit corporation organized for charitable, educational and other purposes allowed under the Internal Review Code Section 501(C)(3)  
 8. \_\_\_\_\_  
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: CT Corporation System  
 Office Address: 1200 South Pine Island Road  
 \_\_\_\_\_, Florida \_\_\_\_\_  
 (City) (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.*

CT Corporation System  
 By:  Terrell Keeney, Asst. 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

A. DIRECTORS

Director John P. Whittington  
~~Chairman:~~

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

Director Cheryl B. Levy  
~~Vice-Chairman:~~

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

Director Andrew L. Price

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

Director Julia L. Duck

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

B. OFFICERS

President: Marca Pearson

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

Vice President: Scott Filler

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

Secretary: Karen Carlee

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

Treasurer: Karen Carlee

Address: 3660 Grandview Parkway, Suite 200, Birmingham, AL 35242

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

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

14. Marca Pearson, President  
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH AUXILIARY CORPORATION" 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 EIGHTEENTH DAY OF APRIL, A.D. 2014.

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

5494491 8300

140490208

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1304156

DATE: 04-21-14