

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jun 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005616 (8)
 1. Corporation Name
HEALTHSOUTH OF TREASURE COAST, INC.



Principal Place of Business 1600 97TH ST VERO BEACH FL 32960 US	Mailing Address PO BOX 380546 BIRMINGHAM AL 35238-0546 US
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3. Date Incorporated or Qualified 12/10/1993	3a. Date of Last Report 04/09/1996
4. FEI Number 63-1105921	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, JAMES P	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TANNER, ANTHONY J	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BEAM, AARON JR	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D.	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOTTS, RICHARD E.	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENNETT, JAMES P.	
1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TANNER, ANTHONY J.	
2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
3.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEAM, AARON JR.	
3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN, MICHAEL D.	
4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
5.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCRUSHY, RICHARD M.	
5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BOTTS, RICHARD E.	
6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE _____ DATE **1/17/97**

CR2E034 (9/96)