

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000005616 (8)

1. Corporation Name
HEALTHSOUTH OF TREASURE COAST, INC.

Principal Place of Business

1600 37TH ST
VERO BEACH FL 32960
US

Mailing Address

PO BOX 390546
BIRMINGHAM AL 35238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

63-1105921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ 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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BENNETT, JAMES P
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL

TITLE VSD ☐ DELETE

NAME TANNER, ANTHONY J
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL

TITLE VTD ☒ DELETE

NAME BEAM, AARON JR
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL

TITLE V ☐ DELETE

NAME MARTIN, MICHAEL D.
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL

TITLE CD ☐ DELETE

NAME SCRUSHY, RICHARD M
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL

TITLE V ☐ DELETE

NAME BOTTS, RICHARD E.
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 an address.

SIGNATURE:

Richard E. Botts

3/2/98

(705)967-7666

CR2E034 (10/97)