

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
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DOCUMENT # F93000005616 (8)
 1. Corporation Name
HEALTHSOUTH OF TREASURE COAST, INC.



Principal Place of Business 1800 37TH ST VERO BEACH FL 32960 US	Mailing Address PO BOX 390546 BIRMINGHAM AL 35239 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1993	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		2a		4. FEI Number 63-1105921	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ DATE _____
Signature typed or printed name of register of agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

CR2E084 (10/97)