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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000005616**

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 35236, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
 4. FEI Number: 63-1105921
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD *SEE ATTACHED LIST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES P	1.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, ANTHONY J	2.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D.	3.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M	4.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTS, RICHARD E.	5.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Richard E. Botts RICHARD E. BOTTS 3/18/99 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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HealthSouth of Treasure Coast, Inc.

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List of Officers and Directors

Officers:

Richard M. Scrusy – Chairman of the Board

James P. Bennett - President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

P. Daryl Brown – Vice President

Robert E. Thomson – Vice President

William T. Owens – Vice President

William W. Horton – Vice President and Assistant Secretary

Beall D. Gary, Jr. – Vice President and Assistant Secretary

C. Drew Demaray – Vice President and Assistant Secretary

Richard E. Botts – Sr. Vice President

Stacy H. Pulliam – Vice President, Assistant Treasurer and Assistant Secretary

Directors:

Richard M. Scrusy

James P. Bennett

Anthony J. Tanner

Michael D. Martin

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243