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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90033 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000703

1. Corporation Name
NSC SARASOTA, INC.

Principal Place of Business 1435 S. OSPREY AVE. SUITE 100 SARASOTA FL 34239	Mailing Address % NATIONAL SURGERY CENTER 30 S. WACKER DRIVE, SUITE 2302 CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc. 22 BIRMINGHAM, AL City & State 23 BIRMINGHAM, AL City & State 24 35243 Zip 25 USA Country	2a. Mailing Address 26 P. O. BOX 380546 Suite, Apt. #, etc. 27 BIRMINGHAM, AL City & State 28 BIRMINGHAM, AL City & State 29 35238 Zip 30 USA Country
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3. Date Incorporated or Qualified 02/14/1994	4. FEI Number 58-2081028	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARY, E. TIMOTHY	1.2 NAME	SCRUSHY, M. RICHARD
STREET ADDRESS	30 SOUTH WACKER DRIVE, SUITE 2302	1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VPST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BRYAN S	2.2 NAME	BENNETT, P. JAMES
STREET ADDRESS	30 SOUTH WACKER DRIVE, SUITE 2302	2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLHEIM, DENNIS	3.2 NAME	TANNER, J. ANTHONY
STREET ADDRESS	30 SOUTH WACKER DRIVE, SUITE 2302	3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMOJSKI, DENNIS	4.2 NAME	FOSTER, A. PATRICK
STREET ADDRESS	30 SOUTH WACKER DRIVE, SUITE 2302	4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	MARTIN, D. MICHAEL
STREET ADDRESS		5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	HORTON, W. WILLIAM
STREET ADDRESS		6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243

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 my address, with all other like empowered. SEE ATTACHMENT

SIGNATURE: *Richard E. Botts* RICHARD E. BOTTS, SR. VP (205) 967-7116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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NSC SARASOTA INC

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List of Officers and Directors

Directors:

Richard M. Scrushy
James P. Bennett
Anthony J. Tanner

Officers:

Richard M. Scrushy – Chairman of the Board
Partick A. Foster-President
Michael D. Martin – Vice President and Treasurer
Anthony J. Tanner – Vice President and Secretary
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
Leif M. Murphy – Vice President

All addresses c/o
HEALTHSOUTH Corporation
One HEALTHSOUTH Parkway
Birmingham, Alabama 35243