

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90051 035 ***150.00

DOCUMENT # F94000000703

1. Entity Name
NSC SARASOTA, INC.

Principal Place of Business
**ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243**

Mailing Address
**P.O. BOX 380546
BIRMINGHAM AL 35238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2081028**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCRUSHY, RICHARD M ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Scrushy, Richard M. One Healthsouth Pkwy. Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JAMES P ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Botts, Richard E. One Healthsouth Pkwy. Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS O'HALE, BRANDON ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Hale, Brandon O. One Healthsouth Pkwy. Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, P. DARRYL ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Foster, Patrick A. One Healthsouth Pkwy. Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARTIN, MICHAEL D ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Owens, William T. One Healthsouth Pkwy. Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HORTON, WILLIAM W ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with authority, like empowered.

SIGNATURE: Richard E. Botts Richard E. Botts, VP 4/26/01 205-967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
~~##F94000000703~~
 D0049415

NSC SARASOTA, INC.

TAX ID# 582081028
 DOCUMENT#F94000000703

Officers & Directors

Directors: Richard M. Scrushy, William T. Owens, Brandon O. Hale

Officers:

- Richard M. Scrushy Chairman of the Board, President & Director
- William T. Owens Vice President, Treasurer & Director
- Brandon O. Hale Vice President, Secretary & Director
- Malcolm E. McVay Vice President & Assistant Treasurer
- William W. Horton Vice President & Assistant Secretary
- C. Drew Demaray Vice President & Assistant Secretary
- Beall D. Gary, Jr. Vice President & Assistant Secretary
- Catherine N. Fowler Vice President, Assistant Secretary & Assistant Treasurer
- Patrick A. Foster Vice President -Outpatient Division - West
- Robert E. Thomson Vice President-Inpatient Division
- Larry D. Taylor Vice President -Outpatient Division-East
- Richard E. Botts - - Vice President

All Addresses c/o
 HEALTHSOUTH Corporation
 One Healthsouth Parkway
 Birmingham, AL 35243
 Phone (205) 967-7116