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Apr 22 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 # P34343 (4)

1. Corporation Name
COMPHEALTH, INC.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/18/1991

2. Principal Place of Business
21 **1 HEALTHSOUTH PKWY**
Suite, Apt. #, etc.
22
City & State
23 **BIRMINGHAM, AL**
Zip 24 **35243** Country 25 **US**

2a. Mailing Address
26 **PO BOX 380546**
Suite, Apt. #, etc.
27
City & State
28 **BIRMINGHAM, AL**
Zip 29 **35238** Country 30 **US**

4. FEI Number
58-1615085
☐ Applied For
☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	PD RICHARD SCRUSHY 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	V DOUG WARRICK 8801 HORIZON BLVD NE ALBUQUERQUE, NM 87113	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	S BILL HORTON 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	T MIKE MARTIN 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY - ST - ZIP		☐ Change ☐ Addition LS 4.22
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY - ST - ZIP		☐ Change ☐ Addition 000002 [illegible] -04/23/98--01036--021 ***150.00

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: _____ **4/6/98** **505-878-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

STF FL32381F.1