

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000036500 (4)**

1. Corporation Name  
**LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.**



Principal Place of Business

**TWO PERIMETER PARK SOUTH  
 BIRMINGHAM AL 35243  
 US**

Mailing Address

**P O BOX 380546  
 BIRMINGHAM AL 35238-0546  
 US**

3. Date Incorporated or Qualified **05/10/1994**      3a. Date of Last Report **04/09/1996**

2. Principal Place of Business

21 **ONE HEALTHSOUTH PARKWAY**

Suite, Apt. #, etc.

22 City & State

23 **BIRMINGHAM, AL**

Zip

24 **35243**

Country

25 **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

**63-1119356**

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 has liability for intangible tax under s. 199.032, Florida Statutes  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 607.1506, 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

TITLE **COB**  DELETE  
 NAME **SCRUSHY, RICHARD M.**  
 STREET ADDRESS **TWO PERIMETER PARK SOUTH**  
 CITY- ST- ZIP **BIRMINGHAM AL 35243**

TITLE **VPTD**  DELETE  
 NAME **BEAM, AARON JR.**  
 STREET ADDRESS **TWO PERIMETER PARK SOUTH**  
 CITY- ST- ZIP **BIRMINGHAM AL 35243**

TITLE **VPSD**  DELETE  
 NAME **TANNER, ANTHONY J.**  
 STREET ADDRESS **TWO PERIMETER PARK SOUTH**  
 CITY- ST- ZIP **BIRMINGHAM AL 35243**

TITLE **P**  DELETE  
 NAME **BENNETT, JAMES P.**  
 STREET ADDRESS **TWO PERIMETER PARK SOUTH**  
 CITY- ST- ZIP **BIRMINGHAM AL 35243**

TITLE **VPAS**  DELETE  
 NAME **HORTON, WILLIAM W.**  
 STREET ADDRESS **TWO PERIMETER PARK SOUTH**  
 CITY- ST- ZIP **BIRMINGHAM AL 35243**

TITLE **VPAS**  DELETE  
 NAME **DEMARAY, C. DREW**  
 STREET ADDRESS **TWO PERIMETER PARK SOUTH**  
 CITY- ST- ZIP **BIRMINGHAM AL 35243**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT**  Change  Addition  
 1.2 NAME **BOTTS, RICHARD E.**  
 1.3 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 1.4 CITY- ST- ZIP **BIRMINGHAM, AL 35243**

2.1 TITLE **COB**  Change  Addition  
 2.2 NAME **SCRUSHY, RICHARD M.**  
 2.3 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 2.4 CITY- ST- ZIP **BIRMINGHAM, AL 35243**

3.1 TITLE **VPTD**  Change  Addition  
 3.2 NAME **BEAM, AARON, JR.**  
 3.3 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 3.4 CITY- ST- ZIP **BIRMINGHAM, AL 35243**

4.1 TITLE **P**  Change  Addition  
 4.2 NAME **BENNETT, JAMES P.**  
 4.3 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 4.4 CITY- ST- ZIP **BIRMINGHAM, AL 35243**

5.1 TITLE **VPAS**  Change  Addition  
 5.2 NAME **HORTON, WILLIAM W.**  
 5.3 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 5.4 CITY- ST- ZIP **BIRMINGHAM, AL 35243**

6.1 TITLE **VPSD**  Change  Addition  
 6.2 NAME **TANNER, ANTHONY J.**  
 6.3 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
 6.4 CITY- ST- ZIP **BIRMINGHAM, AL 35243**

14. I do 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 to this address

SIGNATURE:

*Richard E. Botts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD E. BOTTS**

*5/5/97*  
 DATE

**(205)967-7116**  
 Daytime Phone #

CR2E034 (9/96)