

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90005 049 \*\*\*150.00

0522026

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000036500**

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



Principal Place of Business  
**ONE HEALTHSOUTH PKWY  
 BIRMINGHAM AL 35243  
 US**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ] Suite, Apt. #, etc.  
 22 [ ] City & State  
 23 [ ] Zip  
 24 [ ] Country

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 [ ] City & State  
 28 [ ] Zip  
 29 [ ] Country

3. Date Incorporated or Qualified  
**05/10/1994**

4. FEI Number  
**63-1119356**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPT *SEE ATTACHED LIST <input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	BIRMINGHAM AL 35243
TITLE	COBD <input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BOTTS, RICHARD E
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY-ST-ZIP	BIRMINGHAM AL 35243
TITLE	PD <input type="checkbox"/> DELETE
NAME	BENNETT, JAMES P.
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	VPAS <input type="checkbox"/> DELETE
NAME	HORTON, WILLIAM W.
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	TANNER, ANTHONY J
STREET ADDRESS	ONE HEALTHSOUTH PKWY
CITY-ST-ZIP	BIRMINGHAM AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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** 3/8/99 (205) 967-7116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

**LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.**

DOCUMENT: P94000036500

List of Officers and Directors

DOC-P94000036500  
26-116-90005-49

**Officers:**

Richard M. Scrushy – 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. Scrushy

James P. Bennett

Anthony J. Tanner

Michael D. Martin

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243