

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90109 050 ***150.00

DOCUMENT # P94000036500

1. Entity Name
LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 US	Mailing Address P O BOX 380546 BIRMINGHAM AL 35238-0546 US
---	--

2. Principal Place of Business One HealthSouth Parkway	3. Mailing Address P. O. Box 380546
--	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Birmingham, Alabama	City & State Birmingham, Alabama
--	--

4. FEI Number 63-1119356	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 35243	Country US	Zip 35238	Country US
---------------------	----------------------	---------------------	----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARTIN, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD SCRUSHY, RICHARD M ONE HEALTHSOUTH PKWY BIRMINGHAM AL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOTTS, RICHARD E ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, JAMES P. ONE HEALTHSOUTH PKWY BIRMINGHAM AL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HORTON, WILLIAM W. ONE HEALTHSOUTH PKWY BIRMINGHAM AL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD TANNER, ANTHONY J ONE HEALTHSOUTH PKWY BIRMINGHAM AL <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Malcolm E. McVay One HealthSouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert E. Thomson One HealthSouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, D Brandon O. Hale One HealthSouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" 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 all other like employees.

SIGNATURE: Richard E. Botts **Richard E. Botts** 3/20/00 **(205) 967-7116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Lakeshore System Services of Florida, Inc.
FID # 63-1119356
Document # P94000036500
Officers & Directors*

Officers:

<i>Richard M. Scrushy</i>	<i>Chairman of the Board</i>
<i>P. Daryl Brown</i>	<i>President HEALTHSOUTH Outpatient Division - East</i>
<i>Patrick A. Foster</i>	<i>President HEALTHSOUTH Outpatient Division - West</i>
<i>Robert E. Thomson</i>	<i>President - Inpatient Division</i>
<i>James P. Bennett</i>	<i>Vice President</i>
<i>Malcom E. McVay</i>	<i>Treasurer</i>
<i>Brandon O. Hale</i>	<i>Vice President, Secretary</i>
<i>William T. Owens</i>	<i>Executive Vice President & CFO</i>
<i>William W. Horton</i>	<i>Vice President, Assistant Secretary</i>
<i>C. Drew Demaray</i>	<i>Vice President, Assistant Secretary</i>
<i>Richard E. Botts</i>	<i>Vice President</i>
<i>Beall D. Gary, Jr.</i>	<i>Vice President, Assistant Secretary</i>

Directors:

*Richard M. Scrushy
James P. Bennett
Brandon O. Hale*

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