

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90344 045 ***150.00

DOCUMENT # P94000036500

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 63-1119356		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				State	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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	V, T, P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCVAY, MALCOLM E			NAME	William T. Owens		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY			STREET ADDRESS	One HealthSouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, Al. 35243		
TITLE	COBD	<input type="checkbox"/> Delete		TITLE	C, D, P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M			NAME	Richard M. Scrushy		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS	One HealthSouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL			CITY-ST-ZIP	Birmingham, Al. 35243		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOTTS, RICHARD E			NAME			
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMSON, ROBERT E			NAME	Robert E. Thomson		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS	One HealthSouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP	Birmingham, AL 35243		
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORTON, WILLIAM W.			NAME			
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALE, BRANDON O			NAME			
STREET ADDRESS	ONE HEALTHSOUTH PKWY			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35243			CITY-ST-ZIP			

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 another name empowered.

SIGNATURE: Richard E. Botts Richard E. Botts 4/16/01 205-967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachments

LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.

FID#: 63-1119356

DOCUMENT #: P94000036500

List of Officers and Directors

F94000036500

D0042905

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

All addresses c/o
HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, Alabama 35243
Telephone (205) 967-7116