

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001763

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC9774838527**

**Entity Name:** HEALTHSOUTH AUXILIARY CORPORATION

**Current Principal Place of Business:**

3660 GRANDVIEW PARKWAY, SUITE 200  
BIRMINGHAM, AL 35243

**Current Mailing Address:**

3660 GRANDVIEW PARKWAY, SUITE 200  
BIRMINGHAM, AL 35243

**FEI Number:** 46-5416575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DARBY, J. PATRICK  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title DIRECTOR  
Name LEVY, CHERYL B.  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title DIRECTOR  
Name PRICE, ANDREW L.  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title PRESIDENT  
Name PEARSON, MARCA  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title SECRETARY, TREASURER  
Name CARLEE, KAREN  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title DIRECTOR  
Name DUCK, JULIA L.  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title DIRECTOR  
Name CUNNINGHAM, MELODY B.  
Address 3660 GRANDVIEW PARKWAY SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title DIRECTOR  
Name CARLEE, KAREN E.  
Address 3660 GRANDVIEW PARKWAY SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN CARLEE

**SECRETARY**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date