

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005616

**Entity Name:** HEALTHSOUTH OF TREASURE COAST, INC.**Current Principal Place of Business:**3660 GRANDVIEW PARKWAY  
SUITE 200  
BIRMINGHAM, AL 35243**Current Mailing Address:**PO BOX 380546  
BIRMINGHAM, AL 35238 US**FEI Number:** 63-1105921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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	CPD
Name	TARR, MARK
Address	3660 GRANDVIEW PARKWAY, SUITE 200
City-State-Zip:	BIRMINGHAM AL 35243

Title	VP
Name	LANGLEY, THOMAS E
Address	3660 GRANDVIEW PARKWAY, SUITE 200
City-State-Zip:	BIRMINGHAM AL 35234

Title	AS
Name	MURVIN, SANDRA W
Address	3660 GRANDVIEW PARKWAY, SUITE 200
City-State-Zip:	BIRMINGHAM AL 35243

Title	VSD
Name	WHITTINGTON, JOHN P
Address	3660 GRANDVIEW PARKWAY, SUITE 200
City-State-Zip:	BIRMINGHAM AL 35243

Title	V
Name	WISNER, ROBERT M
Address	3660 GRANDVIEW PARKWAY, SUITE 200
City-State-Zip:	BIRMINGHAM AL 35243

Title	T
Name	FAY, EDMUND
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS E. LANGLEY

VICE PRESIDENT

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date