


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

03-29-1999 90005 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 604506

1. Corporation Name

BOCA RATON ORTHOPAEDIC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

 1 HEALTHSOUTH PARKWAY
 BRIMMINGHAM AL 35243
 US

 P.O. BOX 380546
 BIRMINGHAM AL 35243
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		07/07/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1466727	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 F&L CORP.
 200 LAURA STREET, THIRD FLOOR
 JACKSONVILLE FL 32202-3527

81 Name	CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)	1200 SOUTH PINE ISLAND ROAD
83	
84 City	PLANTATION FL
85 Zip Code	33324

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

DALE W. MORRIS

DALE W. MORRIS

April 27, 1999

Signature, typed or printed name of registered agent and title if applicable.

Assistant Vice President

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD *SEE ATTACHED LIST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD	1.2 NAME	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMMINGHAM AL 35243	1.4 CITY-ST-ZIP	
TITLE	VPOT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRICK, DOUG	2.2 NAME	
STREET ADDRESS	8801 HORIZON BLVD. N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM 87113	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, BILL	3.2 NAME	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMMINGHAM AL 35243	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MAIKE	4.2 NAME	MICHAEL D. MARTIN
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMMINGHAM AL 35243	4.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTS, RICHARD	5.2 NAME	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMMINGHAM AL 35243	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. BOTTS

Date

(205) 967-7116

Daytime Phone #

CR2E034 (1/98)

BOCA ROTON ORTHOPEDIC ASSOCIATES, INC.

DOCUMENT: 604506

List of Officers and Directors

604506

546189-90058-70

Officers:

Richard M. Scrushy – Chairman of the Board

P. Daryl Brown – President

James P. Bennett – Vice President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

James P. Bennet – 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

Leif M. Murphy – Vice President

Directors:

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243