

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90037 038 ***150.00

DOCUMENT # 671739

1. Entity Name

ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.

Principal Place of Business

**ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243**

Mailing Address

**P.O. BOX 380546
 BIRMINGHAM AL 35238**

00049279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1997926**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
 NAME **SCRUSHY, RICHARD M**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **PCD** ☒ Change ☐ Addition
 NAME **Scrushy, Richar M.**
 STREET ADDRESS **ONe HEalthsouth PKwy.**
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE **P** ☒ Delete
 NAME **BROWN, P. DARYL**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VTD** ☐ Change ☒ Addition
 NAME **Owens, William T.**
 STREET ADDRESS **One HEalthsouth Pkwy.**
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE **VSD** ☐ Delete
 NAME **HALE, BRANDON O**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☒ Delete
 NAME **MARTIN, MICHAEL**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V** ☐ Change ☒ Addition
 NAME **Foster, Patrick A.**
 STREET ADDRESS **One HEalthsouth Pkwy.**
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE **VD** ☒ Delete
 NAME **BENNETT, JAMES P**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V** ☐ Change ☒ Addition
 NAME **Thompson, Robert E.**
 STREET ADDRESS **One Healthsouth Pkwy.**
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE **V** ☐ Delete
 NAME **BOTTS, RICHARD E**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts, VP

Date

4/26/01

Daytime Phone #

205-967-7116

CR2E034 (10/00)

~~HEALTHSOUTH~~
#671739 / 10004279

ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.

TAX ID# 591997926
DOCUMENT#671739

Officers & Directors

Directors: Richard M. Scrushy, William T. Owens, Brandon O. Hale

Officers:

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

All Addresses c/o
HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, AL 35243
Phone (205) 967-7116