

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90734 006 \*\*\*150.00

**DOCUMENT # F00000005456**

1. Entity Name  
**DISABILITY AND IMPAIRMENT EVALUATION CENTERS OF AMERICA, INC.**



Principal Place of Business  
**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243**

Mailing Address  
**PO BOX 380546  
BIRMINGHAM AL 35243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1077889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCRUSHY, RICHARD M ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALE, BRANDON O ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, WILLIAM T ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCVAY, MALCOM E ONE HEALTHSOUTH PKWY BIRMINGHAM MI 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, LARRY D ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM MI 35243	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Joel C. Gordon One HealthSouth Parkway Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert P. May One HealthSouth Parkway Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS C. Drew Demaray One HealthSouth Parkway Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Richard E. Botts, VP 4/30/03 (205)967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)