2001 UNIFORM BUSINESS REPORT (UBR)

5/12/

## FILED Sep 05, 2001 8:00 am Secretary of State

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HEALTHS	SOUTH S.C. OF AVENTURA.		1	(it		٠						
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Principal Plac	- · · · · · ·	Mailing Address ONE HEALTHSOUTH PARKWAY						110	-t			
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							1				•	
2 Principal P	lace of Business	3. Mailing Address								IMMI	BINDB	
Suite, Apt.	#. elc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			<u> </u>	4. FEI Num	ber APPI	IED FO	R		oplied For	]
Zio Country		Zip Cou		itry	<del></del>				<del></del>	\$8.75 Ad	ol Applicable	4
				,	LI.		e of Status D			Fee Require		1
	6. Name and Address of Current	Registered Agent		Name .		7. Name an	d Address o	New Reg	Istered A	gent	<del>-</del>	┨
C.T. CORPORATION SYSTEM				Circos o		ress (P.O. Box Number is Not Acceptable)						1 -
1200		Street A			J. 60x 140111	USI IN INC. AC	- Colored				4	
PLAN	ITATION FL 33324			<u>.                                    </u>								_
				City				_	FL	Zip Coo	0	]
8. The above	named entity submits this statement to	the purpose of changing its	register	ed office o	registered	agent, or b	oth, in the Sta	te of Florid	ja.			1
											•	
SIGNATURE.	Signature, typed or printed name of registered egent of	and title a applicable. (NOTE	Registers	ed Agent signed	to technical my	en reinculing)			DATE		<del></del>	
	oration is eligible to satisfy its Intangible					10. E	lection Camp	aion Finan	cina	\$5.0	O May Be	7
	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$ Make Check Payable to Departmen				7	rust Fund Co	ntribution.		Adde	to Fees	
11.	OFFICERS AND	DIRECTORS	12,	<u> </u>		ADDITION	S/CHANGES	TO OFFIC	ERS AND	DIRECTOR	S IN 11	1_
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CITY-ST-ZIP				r-ST-ZIP		ngham,		243				}
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t3. I hereby	certify that the Information supplied with I on this report or supplemental report is reporation or the receiver cyrrustee emporation or the receiver cyrrustee emporation or an attachment with an addless A	this filing does not qualify for true and accurate and that n	the exe ny signa	emption sta iture shall I	ted in Secti ave the sar	ion 119.07(3 me legal elf	I)(I). Florida S act as if made	tatutes. 1 fu under oat	inther cert h; that I a	illy that the i	of director	}
of the col	rporauon or the receiver cytrustee empo , or on an attachment with an adduess A	wered to execute this report	as requ	rred by Ch	apter 607, F	Horida Statu	tes; and that	my name e	ppears in	n Block 11 o	r Block 12 if	1

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE MEMPHIS IN 37501-6 DATE OF THIS NOTICE: 01-19-2001
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 63-1264000

EMPLOYER IDENTIFICATION NUMBER: 63-1264000 FORM: SS-4 4951505318 B

FOR ASSISTANCE CALL US AT:

1-800-829-1040

HEALTHSOUTH S C OF AVENTURA INC. P O BOX 380546 BIRMINGHAM AL 35238

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE. .

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form \$S-4, Application for Employer Identification Number (EIN). We assigned you EIN 63-1264000. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

## Form 1120

## 03/15/2001

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.