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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTORIES IN FLORIDA

IN COMPLIANC	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FO	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PROBLEM OF FLORIDA.
1. HEALTHSOUT	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
(Name of corpor	iations of like import in language as will clearly indicate that it is a corporation instead of a
natural person o	r partnership if not so contained in the name at present.)
2-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
- Delevere	y under the law of which it is incorporated)  3. Applied For (FEI number, if applicable)
2. Delaware	(FEI number, if applicable)
(State of country	unided the law of which it is acceptantly
4. August 08, 200	5. perpetual e of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
· · · · · · · · · · · · · · · · · · ·	0
(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
<ol> <li>One Healthsou</li> </ol>	th Parkway, Birmingham, Alabama 35243
	(Current mailing address)
. T	ny lawful act or activity for which corporations may be organized to do business
8. 10 engage in a	(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System
	1200 South Dina Island Road
Office Address:	1200 South Pine Island Road
	Plantation , Florida, 33324 (Zip code)
	(Zip code)
10. Registered	agent's acceptance:
<del>-</del>	
Having been nan	ned as registered agent and to accept service of process for the above stated corporation at the place designated in
this application,	ted as registered agent and to accept service of process for an agree to act in this capacity. I further agree to comply I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
with the provision	f my position as registered agent.
ine obligations of	C T Corporation System Morris  ASSISTANT VICE PRESIDENT
	(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019-9/2/99 CT System Online

A. DIRECTORS (Street address o		SEE TO PARTY OF THE PARTY OF TH
Chairman: See attached		- F
Vice Chairman:		
Director:		
Address:		
B. OFFICERS (Street address	only - P.O. Box NOT acceptable)	
President: See attached		<del> </del>
Address:		
Vice President:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may at	ach and addendum to the application listing additional	officers and/or directors.
12	airman, Vice Chairman, or any officer listed in numb	
14. William W. Horton, Executive	e Vice President	



**DIRECTORS AND OFFICERS** 

#### **DIRECTORS**

Richard M Scrushy, Chairman
John S Chamberlin
C Sage Givens
Joel C Gordon
Charles W Newhall III
William T Owens
George H Strong
Larry D Striplin, Jr
Phillip C Watkins



## **EXECUTIVE [16(b)] OFFICERS**

Richard M Scrushy

Chairman of the Board & Chief Executive Officer, President

Thomas W Carman

Executive Vice President, Development

William T Owens

Executive Vice President & Chief Financial Officer

William W Horton

Executive Vice President & Corporate Counsel

Robert E Thomson

President & Chief Operating Officer, HEALTHSOUTH Inpatient Services

Patrick A Foster

President & Chief Operating Officer, HEALTHSOUTH Ambulatory Services - West Larry D Taylor

President & Chief Operating Officer, HEALTHSOUTH Ambulatory Services - East Brandon O Hale

> Senior Vice President, Administration Corporate Secretary & Chief Compliance Officer Malcolm E McVay Senior Vice President, Finance & Treasurer

ALL ADDRESSES:

HEALTHSOUTH Corporation One Healthsouth Parkway Birmingham, Alabama 35243 Telephone: 205/967-7116

### State of Delaware

## Office of the Secretary of State PAGE :

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH OF STUART, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2001.



Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1286933

DATE: 08-09-01