

FD300 0000939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

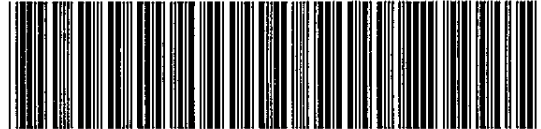
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RECEIVED  
03 FEB 24 PM 3:22  
DIVISION OF CORPORATION



500012553765

02/25/03--01001--003 \*\*210.00

LAHD  
FILED  
03 FEB 24 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20522  
JD

**CT CORPORATION**

February 24, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5790927 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

HEALTHSOUTH LTAC of Stuart, Inc. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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

AND  
FILED  
03 FEB 24 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HEALTHSOUTH LTAC of Stuart, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. Applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/21/03 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. One Healthsouth Parkway, Birmingham, Alabama 35243  
(Principal office address)  
One Healthsouth Parkway, Birmingham, Alabama 35243  
(Current mailing address)
8. rehabilitation services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road,  
Plantation, , Florida 33324  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: \_\_\_\_\_

Rachel T. Hayes  
(Registered agent's signature)

**RACHEL T. HAYES  
ASSISTANT SECRETARY**

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.

03 FEB 24 PM 1:05  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William W. Horton, Vice President

(Typed or printed name and capacity of person signing application)

APPROVED  
AND  
FILED  
03 FEB 24 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Subsidiary Officers and Directors**

Richard M. Scrushy  
William T. Owens  
Brandon O. Hale  
Malcolm E. McVay  
Larry D. Taylor  
Patrick A. Foster  
Weston L. Smith  
William W. Horton  
C. Drew Demaray  
Beall D. Gary, Jr.  
Richard E. Botts  
Catherine N. Fowler

Chairman of the Board and Director  
President and Director  
Vice President, Secretary and Director  
Vice President and Treasurer  
Vice President  
Vice President  
Vice President  
Vice President and Assistant Secretary  
Vice President and Assistant Secretary  
Vice President and Assistant Secretary  
Vice President  
Vice President, Assistant Treasurer and Assistant Secretary

APPROVED  
AND  
FILED  
03 FEB 24 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

All addresses c/o

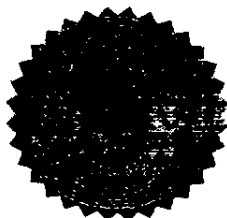
HEALTHSOUTH Corporation  
One HealthSouth Parkway  
Birmingham, Alabama 35243  
Telephone: (205) 967-7116

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH LTAC 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2003.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3627993 8300

AUTHENTICATION: 2269065

030113277

DATE: 02-21-03