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FOREIGN PROFIT/NONPROFIT CORPORATION

HEALTHSOUTH Holdings, Inc.

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# 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.

(Enter name of como	ation: must include "INCORPOR	ATED," "COMPANY," "CORPORATION,"	-0 <u>^</u> ^>
	"Inc," "Co," or "Corp.")	Land	& 1/2
	·		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(If name unavailable i	n Florida, enter alternate corporate	c name adopted for the purpose of transacting business in Florida;	140.Q 14/
Delaware		3, 631133454	
State or country under	r the law of which it is incorporate	(PEI number, if applicable)	
December 22, 1994		5. perpetual	24
(Date of in	corporation)	(Duration: Year corp. will cease to exist or "perpetual")	-
N/A			·
		siness in Florida, if prior to registration)	-
	(SEE SECTIONS 607.1501 &	t 607.1502, P.S., to determine penalty liability)	
One Healthsouth Park	way, Birmingham, AL, 35243		_
<b>A M</b> W = 4	(Principal off	ñoc address)	
One Healthsouth Parl	cway, Birmingham, AL 35243		
	(Current mail	ing address)	_
	(Current mail	ing address)	_
Medical Services/Reh		ing address)	_
	abilitation	ing address) ste or country to be cerried out in state of Florida)	<u> </u>
(Purpose(s) of o	abilitation corporation authorized in home sta		<u>-</u>
(Purpose(s) of o	abilitation corporation authorized in home sta	ste or country to be cerried out in state of Florida)  the (P.O. Box NOT acceptable)	<b>-</b>
(Purpose(s) of e Name and street add Name:	abilitation corporation authorized in home sta liess of Florida registered agen	ate or country to be carried out in state of Florida)  the (P.O. Box NOT acceptable)	<u> </u>
(Purpose(s) of e Name and <u>street add</u> Name:	abilitation corporation authorized in home ata these of Florida registered agen C T Corporation System	ate or country to be carried out in state of Florida)  at: (P.O. Box NOT acceptable)  acceptable	<u>-</u>
(Purpose(s) of e Name and street add Name:	abilitation corporation authorized in home sta  bass of Florida registered agen  C T Corporation System  1200 South Pine Island Re	ate or country to be carried out in state of Florida)  at: (P.O. Box NOT acceptable)	<u>-</u>
(Purpose(s) of o Name and street add  Name:  Tice Address:	abilitation corporation authorized in home significant of Florida registered agen  C T Corporation System  1200 South Pine Island Ro  Plantation  (City)	ate or country to be carried out in state of Florida)  at: (P.O. Box NOT acceptable)  acceptable	<u>.</u>
(Purpose(s) of a Name and street add Name: Tice Address:	abilitation corporation authorized in home sta tiess of Florida registered agen C T Corporation System 1200 South Pine Island Re Plantation (City) s acceptance:	the or country to be carried out in state of Florida)  the (P.O. Box NOT acceptable)  to oad	
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(Purpose(s) of a Name and street add Name: fice Address:  Registered agent' wing been named a signated in this appl	abilitation corporation authorized in home ata these of Florida registered agen C T Carporation System 1200 South Pine Island Ro Plantation (City) s acceptance: a registered agent and to acceptication, I hereby accept the agent with the provisions of all sta	the or country to be carried out in state of Florida)  the (P.O. Box NOT acceptable)  the open stated corporation at the openintment as registered agent and agree to act in this capitative relative to the proper and complete performance of n	acity. I
(Purpose(s) of o Name and street add Name: fice Address:  Registered agent' wing been named a signated in this applether agree to compi	abilitation corporation authorized in home ata these of Florida registered agen C T Carporation System 1200 South Pine Island Ro Plantation (City) s acceptance: a registered agent and to acceptication, I hereby accept the agent with the provisions of all sta	the or country to be carried out in state of Florida)  the (P.O. Box NOT acceptable)  to old	acity. I
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(Purpose(s) of a Name and street add Name:  Tice Address:  Registered agent'  aving been named a signated in this applicated in this applicated in this application of the agree to complete agree to complete it am familiar with	abilitation corporation authorized in home sta bess of Florida registered agen  C T Carporation System  1200 South Pine Island Re  Plantation  (City)  s acceptance: s registered agent and to acceptication, I hereby accept the apily with the provisions of all states and accept the abligations of	the or country to be carried out in state of Florida)  the (P.O. Box NOT acceptable)  to out  Thorida 33324  (Zip code)  to service of process for the above stated corporation at the oppointment as registered agent and agree to act in this capitates relative to the proper and complete performance of a few position as registered agent.  Jeffrey D. Bufferfield	acity. I
(Purpose(s) of a Name and street add Name:  Tice Address:  Registered agent' aving been named a signated in this appl rther agree to comp	abilitation corporation authorized in home sta bess of Florida registered agen  C T Carporation System  1200 South Pine Island Re  Plantation  (City)  s acceptance: s registered agent and to acceptication, I hereby accept the apily with the provisions of all states and accept the abligations of	the or country to be carried out in state of Florida)  the (P.O. Box NOT acceptable)  to out  Thorida 33324  (Zip code)  out service of process for the above stated corporation at the oppointment as registered agent and agree to act in this capitates relative to the proper and complete performance of a my position as registered agent.  Jeffrey D. Butterfield  Assistant Secretary	acity. I

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under the law of which it is incorporated.

PL419 - 02/03/2006 C T System Online

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

HEALTHSOUTH-LEGAL

	The state of the s
A. DIRECTORS	Marie My
Chairman: Jay Grinney	
Address: One Healthsouth Parkway, Birmingham, AL 35243	
	<u> </u>
Vice Chairman:	
Address:	
Director: Michael D. Snow	
Address: One Hoelthsouth Parkway, Birmingham, AL 35243	
Director: John P. Whittington	
Address: One Healthsouth Parkway, Birmingham, AL 35243	
B. OFFICERS	•
President: Jay Grinney	
Address: One Healthsouth Parkway, Birmingham, AL 35243	
Vice President: John F. Markus	
Address: One Healthsouth Perkway, Birmingham, AL 35243	
Secretary: John P. Whittington	
Address: One Healthsouth Parkway, Birmingham, AL 35243	
Treasurer: John Workman	
Address: One Healthsouth Parkway, Birmingham, AL 35243	
NOTE: If necessary, you may attach an addendum to the application listing additional additional actions are added to the application and addendum to the application listing additional actions.	onal officers and/or directors.
13. 9. 1. Kest 17	
(Signature of Director or Officer listed in number 12 of the a	ppneanon)

PLOSS - 01/83/2006 CT Sylven Calles

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

#### HealthSouth Corporation

### SUBSIDIARY OFFICERS AND DIRECTORS

(Effective July 24, 2006)

Jay Grinney Chairman of the Board of Directors, President and Director Wice President and Director

John P. Whittington Vice President, Secretary and Director

John Workman Vice President and Treasurer

John F. Markus

James C. Foxworthy
Joseph T. Clark

Mark Tarr

R. Gregory Brophy

Diane L. Munson

Vice President

Vice President

Vice President

Vice President

Vice President

Vice President

Lucy C. Hicks Vice President and Assistant Secretary

Vice President Robert M. Wisner Brian M. Menke Vice President Vice President Randall M. Mink Vice President Arthur E. Wilson, Jr. Vice President Lisa M. Byrd James P. McAndrews, III Vice President Cynthia T. Dotson Vice President Jody B. Martin Assistant Secretary

All addressees o/o

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

(2002/4005)

# Delaware

PAGE

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH HOLDINGS, 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 FIFTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HERBBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED WOLL

2463629 8300 060917931



Warriet Smith Windson, Septerary of State

AUTHENTICATION: 5094302

DATE: 10-05-06