

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91498 033 ***150.00

DOCUMENT # F93000000861

1. Entity Name

DIAGNOSTIC HEALTH CORPORATION

Principal Place of Business

**ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243**

Mailing Address

**P.O. BOX 380546
 BIRMINGHAM AL 35238**

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

63-1059483

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CBOP
 SCRUSHY, RICHARD M
 ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CBD ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 THOMSON, ROBERT E
 ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP/T
 McVay, Malcolm E.
 One HealthSouth Parkway, B'ham, AL 35243** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 HORTON, WILLIAM T
 ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VO
 BOTTS, RICHARD E
 ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPSD
 HALE, BRANDON O
 ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 OWENS, WILLIAM T
 ONE HEALTHSOUTH PARKWAY
 BIRMINGHAM AL 35243** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P/D ☒ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Richard E. Botts 4-29-02 (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)