

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001100 (7)

1. Corporation Name

SCA-TALLAHASSEE, INC.

Principal Place of Business

ONE HEALTHSOUTH PKWY.  
BIRMINGHAM AL 35243  
US

Mailing Address

ONE HEALTH SOUTH PKWY.  
BIRMINGHAM AL 35243  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

4. FEI Number

62-1517784

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME SCRUSHY, RICHARD M  
STREET ADDRESS ONE HEALTHSOUTH PKWY.  
CITY-ST-ZIP BIRMINGHAM AL

TITLE P ☒ DELETE  
NAME BENNETT, JAMES P.  
STREET ADDRESS ONE HEALTH SOUTH PKWY.  
CITY-ST-ZIP BIRMINGHAM AL

TITLE VPTD ☒ DELETE  
NAME TANNER, ANTHONY J.  
STREET ADDRESS ONE HEALTHSOUTH PKWY.  
CITY-ST-ZIP BIRMINGHAM AL

TITLE VPTD ☒ DELETE  
NAME BEAM, AARON  
STREET ADDRESS ONE HEALTH SOUTH PKWY.  
CITY-ST-ZIP BIRMINGHAM AL

TITLE VP ☒ DELETE  
NAME MARTIN, MICHAEL D.  
STREET ADDRESS ONE HEALTH SOUTH PARKWAY  
CITY-ST-ZIP BIRMINGHAM AL

TITLE VP ☐ DELETE  
NAME OWENS, WILLIAM T.  
STREET ADDRESS ONE HEALTHSOUTH PKWY.  
CITY-ST-ZIP BIRMINGHAM AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and correct, 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

*Richard E. Botts*

RICHARD E. BOTTS

9/14/98

(205) 967-7116

CR2E034 (5/98)