

**\*\*FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000001119 (7)**  
 1. Corporation Name  
**SCA-CITRUS, INC.**



Principal Place of Business <b>102 WOODMONT BOULEVARD SUITE 610 NASHVILLE TN 37205</b>	Mailing Address <b>102 WOODMONT BOULEVARD SUITE 610 NASHVILLE TN 37205-2254</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/23/1993</b>	3a. Date of Last Report <b>07/30/1996</b>
21 <b>ONE HEATHSOUTH PARKWAY</b> Suite, Apt. #, etc.	26 <b>ONE HEATHSOUTH PARKWAY</b> Suite, Apt. #, etc.	4. FEI Number <b>62-1516306</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>BIRMINGHAM AL</b> City & State	28 <b>BIRMINGHAM AL</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>35243</b> 25 <b>USA</b> Zip Country	29 <b>35243</b> 30 <b>USA</b> Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 or 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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, JOEL C</b>	1.2 NAME	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE FL 37205</b>	1.4 CITY-ST-ZIP	<b>SEE ATTACHED LISTING</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMBURG, WILLIAM J</b>	2.2 NAME	
STREET ADDRESS	<b>102 WOODMONT BOULEVARD, SUITE 610</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL, CHARLES T</b>	3.2 NAME	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICKERY, E. MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, TARPLEY B</b>	5.2 NAME	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AVP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNDREN, DANNY E</b>	6.2 NAME	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Richard D. Roth* *X Richard E. Roth* *105-267-7111*

CR2E034 (9/96)

**HEALTHSOUTH**  
Surgery Centers

**HEALTHSOUTH Surgery Centers  
Officers and Directors**

1. **Richard M. Scrushy, Chairman of the Board/Director**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
2. **James P. Bennett, President**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
3. **Aaron Beam, Jr., Vice President and Treasurer/Director**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
4. **Anthony J. Tanner, Vice President and Secretary/Director**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
5. **Michael D. Martin, Vice President**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
6. **William T. Owens, Vice President**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
7. **William W. Horton, Vice President and Assistant Secretary**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
8. **C. Drew Demaray, Vice President and Assistant Secretary**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
9. **Richard E. Botts, Vice President**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
10. **Beall D. Gary, Jr., Vice President and Assistant Secretary**  
One HealthSouth Parkway  
Birmingham, Alabama 35243
11. **Stacy H. Pulliam, Assistant Treasurer and Assistant Secretary**  
One HealthSouth Parkway  
Birmingham, Alabama 35243