

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

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F93000001119 (7)**

1. Corporation Name  
**SCA-CITRUS, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>ONE HEALTHSOUTH PKWY.<br/>BIRMINGHAM AL 35243<br/>US</b> | Mailing Address<br><b>ONE HEALTHSOUTH PKWY.<br/>BIRMINGHAM AL 35243<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/23/1993</b>   |  |
| 4. FEI Number<br><b>62-1516306</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | CD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SCRUSHY, RICHARD M.   | 1.2 NAME  |  |
| STREET ADDRESS             | ONE HEALTHSOUTH PKWY. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BIRMINGHAM AL         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P                     | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BENNETT, JAMES P.     | 2.2 NAME  |  |
| STREET ADDRESS             | ONE HEALTHSOUTH PKWY. | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BIRMINGHAM AL         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPTD                  | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BEAM, AARON JR.       | 3.2 NAME  |  |
| STREET ADDRESS             | ONE HEALTHSOUTH PKWY. | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BIRMINGHAM AL         | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPSD                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TANNER, ANTHONY J.    | 4.2 NAME  |  |
| STREET ADDRESS             | ONE HEALTHSOUTH PKWY. | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BIRMINGHAM AL         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VP                    | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MARTIN, MICHAEL       | 5.2 NAME  |  |
| STREET ADDRESS             | ONE HEALTHSOUTH PKWY. | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BIRMINGHAM AL         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VP                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | OWENS, WILLIAM T.     | 6.2 NAME  |  |
| STREET ADDRESS             | ONE HEALTHSOUTH PKWY. | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BIRMINGHAM AL         | 6.4 CITY-ST-ZIP                                       |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | PRESIDENT  |
| 2.3 STREET ADDRESS | PATRICK A. FOSTER  |
| 2.4 CITY-ST-ZIP    | ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | VICE PRESIDENT AND TREAS.  |
| 3.3 STREET ADDRESS | MICHAEL D. MARTIN  |
| 3.4 CITY-ST-ZIP    | ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | VICE PRES. AND ASST SEC.   |
| 5.3 STREET ADDRESS | WILLIAM W. HORTON  |
| 5.4 CITY-ST-ZIP    | ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SEE ATTACHMENT

CR2E034 (10/97)

RICHARD E. FOSTER, VICE PRESIDENT 3/23/98 205)967 7116

**HEALTHSOUTH SURGERY CENTERS  
OFFICERS AND DIRECTORS**

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