

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

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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001119

1. Corporation Name
SCA-CITRUS, INC.

Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US	Mailing Address ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1993

4. FEI Number 62-1516306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 P. O. BOX 380546 27 Suite, Apt. #, etc. 28 BIRMINGHAM, AL 29 35238 30 USA
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M.	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOSTER, PATRICK A	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	TANNER, ANTHONY J.	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	HORTON, WILLIAM W	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VP	<input type="checkbox"/> 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	<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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 with all other like empowered. SEE ATTACHED

SIGNATURE: *Richard E. Botts* RICHARD E. BOTTS SR. VP (205) 967-7116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

553420-90026-37
F9300000119

SCA-CITRUS, INC

DOCUMENT: F93000001119

List of Officers and Directors

Directors:

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

Officers:

Richard M. Scrushy – Chairman of the Board

Partick A. Foster-President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

William T. Owens – Vice President

William W. Horton – Vice President and Assistant Secretary

Beall D. Gary, Jr. – Vice President and Assistant Secretary

C. Drew Demaray – Vice President and Assistant Secretary

Richard E. Botts – Sr. Vice President

Leif M. Murphy – Vice President

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243