2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trus

changed, or on an attachment with ar

SIGNATURE:

And to execut

DOCUMENT # F93000003891 May 18, 2000 8:00 am Secretary of State 1. Entity Name HEALTHSOUTH REAL PROPERTY HOLDING CORPORATION 05-18-2000 90313 011 ***150.00 Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY P O BOX 380546 BIRMINGHAM AL 35238-0546 BIRMINGHAM AL 35243 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1044004 Not Applicable Zip Country 7io Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. COBD Change Addition TITLE ☐ Delete TITLE SCRUSHY, RICHARD M NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP VSD 🔀 Change Addition TITI F TITLE Delete DVS BRANDON O. HALE ONE HEALTHSOUTH PARKWAY TANNER, ANTHONY J NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 **BIRMINGHAM AL** CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE BENNETT, JAMES P. NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE MARTIN, MICHAEL D. NAME WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS BIRMINGHAM AL 35243 CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE BOTTS, RICHARD E. NAME ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition. TITLE TITLE BROWN, P. DARYL NAME ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report section by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental poor is true and accurate.

RICHARD E. BOTTS