

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90142 040 ***150.00

DOCUMENT # F93000003891

1. Entity Name

HEALTHSOUTH REAL PROPERTY HOLDING CORPORATION

Principal Place of Business

**ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243
US**

Mailing Address

**P O BOX 380546
BIRMINGHAM AL 35238
US****00048561**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1044004

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBD
SCRUSHY, RICHARD M
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
TANNER, ANTHONY J
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.S.D
Brandon O. Hale
One HHealthSouth Pkwy.
Birmingham, AL 35243** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BENNETT, JAMES P.
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.T.D
William T. Owens
One HHealthSouth Pkwy.
Birmingham, AL 35243** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MARTIN, MICHAEL D.
ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOTTS, RICHARD E.
ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BROWN, P. DARYL
ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with the address, with all other information covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts, VP

Date

4/25/01

Daytime Phone #

205-967-7116

CR2E034 (10/00)