2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State F93000003891 DOCUMENT # 1. Entity Name 05-28-2002 91498 048 ***150.00 HEALTHSOUTH REAL PROPERTY HOLDING CORPORATION Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY P O BOX 380546 BIRMINGHAM AL 35243 **BIRMINGHAM AL 35238** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1044004 Not Applicable Zip Country Country **\$8.75** Additional _ 5.-Certificate of Status Desired - . . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 Zio 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 COBD CR2E034 (9/01) TITLE TITLE □ Delete ☐ Change ☐ Addition SCRUSHY, RICHARD M NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Addition ☐ Change HALE, BRANDON O N/₩E NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP -BIRMINGHAM AL 35243 CITY-ST-7IP TITITE Delete TITLE Change ☐ Addition P/D NAME OWENS, WILLIAM T NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BOTTS, RICHARD E. ONE HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

EQRICHARDE. Botts, VP 4/29/02

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 truetee 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 all pure like empowered.

FILED