

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005256 (3)

1. Corporation Name:
HEALTHSOUTH OCCUPATIONAL HEALTH & REHABILITATION
CENTER, INC.

Principal Place of Business

2 PERIMETER PARK S.
SUITE 224 W.
BIRMINGHAM AL 35243

Mailing Address

P.O. BOX 380546
BIRMINGHAM AL 35238
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 ONE HEALTHSOUTH PARKWAY	26	59-3132404	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 BIRMINGHAM, AL	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes or has paid the current year Intangible	
24 35243	29	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 U.S.	30		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
FL 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

Signature, typed or printed name of registered agent and (if applicable)

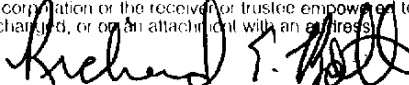
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP/D	1.1 TITLE	VP/T
NAME	BEAM, AARON J	1.2 NAME	MICHAEL D. MARTIN
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VPSD	2.1 TITLE	
NAME	TANNER, ANTHONY J	2.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	COBD	3.1 TITLE	
NAME	SCRUSHY, RICHARD M	3.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BOTTS, RICHARD E	4.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	VPAS	5.1 TITLE	
NAME	DEMARAY, C. DREW	5.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	P
NAME		6.2 NAME	P. DARYL BROWN
STREET ADDRESS		6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243

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.

SIGNATURE:



RICHARD E. BOTTS

5/6/98

(205) 967-7116

CR2E034 (10/97)