Mar 29, 1999 8:00 am

Secretary of State

03-29-1999 90005 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005256

1. Corporation Name

HEALTHSOUTH OCCUPATIONAL HEALTH & REHABILITATION

CENTER, INC.												
Principal Place of Business Mailing Address							1 1001129 1118 18188 11111 05111 05	,,,,,,,,,				
1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 US		P.O. BOX 380546 BIRMINGHAM AL 35238 US			DO NOT WRI	TE IN THIS	SPAC	E				
						3.	Date Incorporated or Qualifed 11/18/1993					
Principal Place of Business Za. Mailing Address						4.	FEI Number		L	Apr	lied For	
21						ļ	59-3132404	-			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certifcate of Status Desired			. 75 A ee Red	dditional	
27						<u> </u>						
City & State City & State						6.	Election Campaign Financing Trust Fund Contribution				May Be Fees	
28 Zip Country Zip			Country					ont year into			71003	
Zip	— · · · · · · · · · · · · · · · · · · ·			y		8. This corporation owes the current year Intangit Personal Property Tax.					∑No Ì	
24	9. Name and Address of Current		<u>''' </u>			10.	Name and Address of New F	Registered A				
_	o. Name and Address of Carrotte		81	Ī	lame					_		
CT CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)								
1200 S. PINE ISLAND RD.												
PLANTATION FL 33324			83	3							İ	
				84 City				FL	85	Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					amed corpor	ration	n submits this statement for the	numose of	<u> </u>	ing its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, in office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.					e corporation	's bo	pard of directors. I hereby accep	of the appoin	ıtment	as reg	jistered	
SIGNATURE	_	1	· · · · · · · · · · · · · · · · · · ·		a in a defined	DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. 12. OFFICERS AND DIRECTORS			13.	ent siç	gnature required t		ADDITIONS/CHANGES TO OF		D DIR	ECTO	RS IN 12	
TITLE	VPT *SEE ATTACHED LIST□ DELETE			1.1 TITLE				,	□Ch		Addition	
NAME	MARTIN, MICHAEL D			1.2 NAME								
STREET ADDRESS ONE HEALTHSHOUTH PARKWAY			1.3 STREET ADDRESS									
CITY-ST-ZIP	BIRMINGHAM AL 35243			1,4 CITY-ST-ZIP								
TITLE			2.1 TITLE						Cr	iange	☐ Addition	
NAME	41 OB			2.2 NAME								
			2.3 STREET ADDRESS									
CITY-ST-ZIP BIRMINGHAM AL			2. 4 CITY-ST-ZIP									
TITLE				3.1 TITLE -						ange	☐ Addition	
NAME	SCRUSHY, RICHARD M			3.2 NAME								
STREET ADDRESS ONE HEALTHSOUTH PARKWAY			3.3 STREET ADDRESS									
CITY-ST-ZIP	DIDAMACULARE AL			3.4. CITY-ST-ZIP				_				
TITLE	VP □ DELETE			4.1 TITLE					□ CH	iange	☐ Addition	
NAME	BOTTS, RICHARD E		4.2 NAME	Ε							I	
STREET ADDRESS ONE HEALTHSOUTH PARKWAY			4.3 STREE	4.3 STREET ADDRESS								
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-5	ST-Zi	P			_				
TITLE	VPAS	☐ DELETE	5.1 TITLE						□ Ct	ange	☐ Addition	
NAME	DEMARAY, C. DREW		5.2 NAME									
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1	5.3 STREE	ET AD	DRESS							
CITEST-2P DITUMENTAL				5.4 CITY-ST-ZIP				_				
TITLE	P	☐ DELETE	6.1 TITLE		1				CI	nange	☐ Addition	

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 supplementa 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 composition or the receiver or trustee employeed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an antachment with a pageress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BROWN, DARYL P

1 HEALTHSOUTH PKWY

BIRMINGHAM AL 35243

HEALTHSOUTH OCCUPATIONAL HEALTH & REHABILITATION CENTER, INC.

DOCUMENT: F93000005256 List of Officers and Directors DOC-F9300000 5256 267108-90005-41

Officers:

Richard M. Scrushy - Chairman of the Board

P. Daryl Brown - President

James P. Bennett - Vice President

Michael D. Martin - Vice President and Treasurer

Anthony J. Tanner - Vice President and Secretary

James P. Bennet - Vice President

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

Directors:

Richard M. Scrushy James P. Bennett Anthony J. Tanner

All addresses c/o HEALTHSOUTH Corporation One HEALTHSOUTH Parkway Birmingham, Alabama 35243