

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91497 029 ***150.00

DOCUMENT # F93000005256

1. Entity Name

**HEALTHSOUTH OCCUPATIONAL HEALTH & REHABILITATION
 CENTER, INC.**

Principal Place of Business

**1 HEALTHSOUTH PKWY
 BIRMINGHAM AL 35243
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3132404

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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, 2002 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 **VPT** ☒ Delete
 NAME **MARTIN, MICHAEL D**
 STREET ADDRESS **ONE HEALTHSHOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Owens, William, T.**
 STREET ADDRESS **One HealthSouth Pkwy**
 CITY-ST-ZIP **Birmingham, Al 35243**

TITLE **VS** ☐ Delete
 NAME **HALE, BRANDON O**
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V/S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COBD** ☐ Delete
 NAME **SCRUSHY, RICHARD M**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **BOTTS, RICHARD E**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPAS** ☐ Delete
 NAME **DEMARAY, C. DREW**
 STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
 CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **BROWN, DARYL P**
 STREET ADDRESS **1 HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VP/T** ☐ Change ☒ Addition
 NAME **McVay, Malcolm E.**
 STREET ADDRESS **One HealthSouth Pkwy**
 CITY-ST-ZIP **Birmingham, AL 35243**

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

4/29/02 (205) 967-7116

Date

Daytime Phone #

CR2E034 (9/01)