

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005256

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** HEALTHSOUTH OCCUPATIONAL HEALTH & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

3660 GRANDVIEW PARKWAY  
SUITE 200  
BIRMINGHAM, AL 35243 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380546  
BIRMINGHAM, AL 35238 US

**New Mailing Address:**

**FEI Number:** 59-3132404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** VSD  
**Name:** WHITTINGTON, JOHN P  
**Address:** 3660 GRANDVIEW PARKWAY, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL 35243

**Title:** AS  
**Name:** LECKY, DONNA M  
**Address:** 3660 GRANDVIEW PARKWAY, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL 35243

**Title:** V  
**Name:** WISNER, ROBERT M  
**Address:** 3660 GRANDVIEW PARKWAY, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL 35243

**Title:** PCD  
**Name:** TARR, MARK  
**Address:** 3660 GRANDVIEW PARKWAY, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL

**Title:** AS  
**Name:** MURVIN, SANDRA W  
**Address:** 3660 GRANDVIEW PARKWAY, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL 35243

**Title:** T  
**Name:** FAY, EDMUND  
**Address:** 3660 GRANDVIEW PARKWAY, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL 35243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DONNA M. LECKY

AS

03/31/2010

Electronic Signature of Signing Officer or Director

Date