

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90699 020 ***150.00

064484 AT

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

4. FEI Number **59-3132404**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **OWENS, WILLIAM T**
STREET ADDRESS **ONE HEALTHSHOUTH PARKWAY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **PD** ☐ Change ☒ Addition
NAME **Robert P. May**
STREET ADDRESS **One HEALTHSOUTH Parkway**
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 ☐ 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 **COBD** ☐ Change ☒ Addition
NAME **Joel C. Gordon**
STREET ADDRESS **One HEALTHSOUTH Parkway**
CITY-ST-ZIP **Birmingham, AL 35243**

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 **VT** ☒ Delete
NAME **MCVAY, MALCOLM E**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VT** ☐ Change ☒ Addition
NAME **Guy Sansone**
STREET ADDRESS **One HEALTHSOUTH PARKWAY**
CITY-ST-ZIP **Birmingham, AL 35243**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all persons empowered.

SIGNATURE: _____

SIGNATURE REQUIRED Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

205/967-7116

Daytime Phone #

CR2E034 (10/02)