

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90008 032 \*\*\*150.00

**DOCUMENT # F93000005616**

1. Entity Name

**HEALTHSOUTH OF TREASURE COAST, INC.**

Principal Place of Business

Mailing Address

1600 37TH ST  
 VERO BEACH FL 32960  
 US

PO BOX 380546  
 BIRMINGHAM AL 35238-0546  
 US

2. Principal Place of Business

**One HealthSouth Parkway**

3. Mailing Address

**P. O. Box 380546**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Birmingham, Alabama**

City & State

**Birmingham, Alabama**

4. FEI Number

**63-1105921**

Applied For

Not Applicable

Zip  
**35243**

Country  
**US**

Zip  
**35238**

Country  
**US**

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

**C T 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BENNETT, JAMES P</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>TANNER, ANTHONY J</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>MARTIN, MICHAEL D.</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SCRUSHY, RICHARD M</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOTTS, RICHARD E.</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>*See Attached List**</b>	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Robert E. Thomson</b> <b>One HealthSouth Parkway</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Secretary</b> <b>Brandon O. Hale</b> <b>One HealthSouth Parkway</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Malcolm E. McVay</b> <b>One HealthSouth Parkway</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Richard E. Botts*  
**Richard E. Botts**

Date

**3/20/00**

Daytime Phone #

**205-967-7116**

CR 1014 13/99

F93000005616

Attachment  
B0046569

*HealthSouth of Treasure Coast, Inc.  
FID # 63-1105921  
Document # F93000005616  
Officers & Directors*

Officers:

<i>Richard M. Scrushy</i>	<i>Chairman of the Board</i>
<i>P. Daryl Brown</i>	<i>President HEALTHSOUTH Outpatient Division - East</i>
<i>Patrick A. Foster</i>	<i>President HEALTHSOUTH Outpatient Division - West</i>
<i>Robert E. Thomson</i>	<i>President - Inpatient Division</i>
<i>James P. Bennett</i>	<i>Vice President</i>
<i>Malcom E. McVay</i>	<i>Treasurer</i>
<i>Brandon O. Hale</i>	<i>Vice President, Secretary</i>
<i>William T. Owens</i>	<i>Executive Vice President &amp; CFO</i>
<i>William W. Horton</i>	<i>Vice President, Assistant Secretary</i>
<i>C. Drew Demaray</i>	<i>Vice President, Assistant Secretary</i>
<i>Richard E. Botts</i>	<i>Vice President</i>
<i>Beall D. Gary, Jr.</i>	<i>Vice President, Assistant Secretary</i>

Directors:

*Richard M. Scrushy  
James P. Bennett  
Brandon O. Hale*

*All addresses c/o:*

*HEALTHSOUTH Corporation  
One HealthSouth Parkway  
Birmingham, Alabama 35243*