SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005618 (4)**

1. Corporation Name
HEALTHSOUTH COMMUNITY RE-ENTRY CENTER OF FT. LAUDERDALE, INC.

Principal Place of Business
TWO PERIMETER PARK SOUTH
SUITE 224W
BIRMINGHAM AL 35243

Mailing Address
PO BOX 380546
BIRMINGHAM AL 35238
US

3. Date Incorporated or Qualified: **12/10/1993**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21:
Suite, Apt #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **63-1105893** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	BENNETT, JAMES P	1.2 NAME	Richard E. Botts
STREET ADDRESS	TWO PERIMETER PARK SOUTH	1.3 STREET ADDRESS	Two Perimeter Park South
CITY-ST-ZIP	BIRMINGHAM AL 35243	1.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	VSD ☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	TANNER, ANTHONY J	2.2 NAME	Michael D. Martin
STREET ADDRESS	TWO PERIMETER PARK SOUTH	2.3 STREET ADDRESS	Two Perimeter Park South
CITY-ST-ZIP	BIRMINGHAM AL 35243	2.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	VTD ☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	BEAM, AARON JR	3.2 NAME	William T. Owens
STREET ADDRESS	TWO PERIMETER PARK SOUTH	3.3 STREET ADDRESS	Two Perimeter Park South
CITY-ST-ZIP	BIRMINGHAM AL 35243	3.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	AS ☐ DELETE	4.1 TITLE	V/AS ☐ Change ☒ Addition
NAME	DEMARAY, C. DREW	4.2 NAME	William W. Horton
STREET ADDRESS	TWO PERIMETER PARK SOUTH	4.3 STREET ADDRESS	Two Perimeter Park South
CITY-ST-ZIP	BIRMINGHAM AL 35243	4.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	COB ☐ DELETE	5.1 TITLE	AT/AS ☐ Change ☒ Addition
NAME	SCRUSHY, RICHARD M	5.2 NAME	Stacey H. Pulliam
STREET ADDRESS	TWO PERIMETER PARK SOUTH	5.3 STREET ADDRESS	Two Perimeter Park South
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard E. Botts — 7/3/96 (Date) — (205) 967-7116 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard E. Botts, Vice President