FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005619 (2)**

1. Corporation Name
HEALTHSOUTH OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
TWO PERIMETER PARK SOUTH SUITE 224W BIRMINGHAM AL 35243	PO BOX 380546 BIRMINGHAM AL 35238 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 63-1105892 ☐ 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
(Signature, Typed or Printed Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, JAMES P	12 NAME	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	13 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL 35243	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	TANNER, ANTHONY J	22 NAME	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	23 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL 35243	24 CITY ST ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	BEAM, AARON JR	32 NAME	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	33 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL 35243	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	DEMARAY, C. DREW	42 NAME	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	43 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL 35243	44 CITY ST ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	SCRUSHY, RICHARD M	52 NAME	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	53 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/14/95 (205)967-7116
(Date) (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Aaron Beam, Jr., Vice President & Treasurer

0104383 CP