## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000342 (5)

SCA-BOYNTON, INC.

1997

Principal Place of Business

SUITE 610

Mailing Address

SUITE 810

## **FILED** Jun 05 1997 8:00am Secretary of State



| NASHVILLE TN 37205       |  |   |                                | 102 WOODMONT BOULEVARD<br>NASHVILLE TN 37205-2254 |                         |                           |             |                                |                  |   |   |   |                 |                 |                    |                        |
|--------------------------|--|---|--------------------------------|---|-------------------------|---------------------------|-------------|--------------------------------|------------------|---|---|---|-----------------|-----------------|--------------------|------------------------|
|                          |  |   |                                |   |                         |                           |             |                                |                  |   | 3. Date inco                            |   | r Qualified     | 1               | ate of Last        | •                      |
| 2. Principal Pi          |  |   | 2                              |   |                         | Address                   |             |                                |                  |   | 4. FEI Numb                             |   |                 |                 | _, L.I.            | Applied For            |
|                          |  | HSOUTH 6  | ackway                         | 26  | ONE                     | HEAL                      | AHS         | NTI                            | 1 West           | WAN                                     | 62-15                                   | <u>54116                                   </u> |                 |                 |                    | Not Applicable         |
| Sulte, Apt.              | #, etc.  |   | ı                              | 27  | Suite, A                | vpt. #, etc.              |             |                                |                  | Í                                       | <b>5.</b> Certifical                    | of Status                                       | Desired         |                 |                    | Additional<br>Required |
| City & State             |  | City & State  |                                |   |                         | 4.                        |             | 6. Election Campaign Financing |                  |   | \$5.00 May Be                           |   |                 |                 |                    |                        |
| 23 11 MU                 | ngham  | - AL  |                                | 28  | BIM                     | ugha                      | <b>M</b>    |                                | AL               |   | i                                       | d Contribut                                     | -               |                 |                    | d to Fees              |
| Zip                      | 7  | Country   |                                |   | Zip                     | 70                        |             | Countr                         | ry               |   | 8. This corp                            | oration has                                     | liability for i | ntangible       | tax under          | s. 199.032,            |
| 24 35243                 | <u></u>  | 25 W  |                                | 29  |                         | 243                       | 30          |                                | usa              |   | Florida Si                              | atutes  |                 | ] Yes [         | ] No               |                        |
|                          | 9, Name  | and Address   | of Current R                   | tegist  | ered Ag                 | jent                      |             |                                |                  |   | 10. Name an                             | d Address                                       | of New Re       | stered .        | Agent              |                        |
| COF                      | RPORATIO   | n service c   | OMPANY                         |   |                         |                           |             | 81                             | 1 Name           |   |   |   |                 |                 |                    |                        |
| 1201 HAYES STREET        |  |   |                                |   | 82 Street Addre         |                           |             |                                | ddres            | ess (P.O. Box Number is Not Acceptable) |   |   |                 |                 |                    |                        |
| TALI                     | LAHASSEE   | FL 32301  |                                |   |                         |                           |             | "                              | - 0.00077        |   | 317 (1 1C): 13ON 14                     | antisci 15 14                                   | or recoupidio   | ,,,             |                    |                        |
|                          |  |   |                                |   |                         |                           |             | 83                             | 3                |   |   |   |                 |                 |                    |                        |
|                          |  |   |                                |   |                         |                           |             | 84                             | 4 000            |   |   |   |                 |                 | loci -             | - O-d-                 |
| !                        |  |   |                                |   |                         |                           |             | 04                             | 4 City           |   |   |   |                 | FL              | <b>65</b>   Zij    | p Code                 |
| 11. Pursuant t           | to the provis                                    | ions of Section   | s 607 0502 a                   | nd 60   | 07.1508,                | Florida St                | atutes, Il  | ne abo                         | ve·named c       | corpor                                  | ration submits                          | this statem                                     | ent for the p   | urpose of       | L.II<br>I changing | its registered         |
| office or re             | egi <b>ste</b> red ag                            | ent, or both, in ith, and accept                          | the State of                   | Florid  | ła. Such                | change w                  | ras autho   | rized b                        | by the corpo     | oratio                                  | n's board of di                         | rectors. I h                                    | ereby accep     | t the app       | iointment a        | as registered          |
| •                        |  | and docopi  | the ounguto                    | 113 01,   | , occioi                | 007.000                   | , i ionas   | Otaluit                        | ua.              |   |   |   |                 |                 |                    |                        |
| SIGNATURE                | Signature, typed                                 | or printed name of r                                      | egistered agont ar             | nd title i  | d applicable            |                           | (NO11 : Brg | stered A                       | gent signature n | equired                                 | when reinstating)                       |   |                 | DATE            | <del></del>        |                        |
| 12.                      |  |   | CERS AND D                     |   | TORS                    |                           |             | 13.                            |                  | ·                                       |   | S/CHANGE  | S TO OFFIC      | ERS AND         | DIRECTO            | DRS IN 12              |
| TITLE                    | PD   |   |                                |   |                         | DELETE                    |             | 1, <b>1</b>                    |                  |   |   |   |                 |                 | Change             | Addition               |
| NAME                     | HAMBUP   | RG, WILLIAM   | J                              |   |                         |                           |             | 1.2 NAME                       | :                |   |   |   |                 |                 |                    |                        |
| STREET ADDRESS           |  | ODMONT BO   |                                | SUM   | E 610                   |                           |             | 1.3 STREE                      | F1 ADDRESS       |   | _                                       |   |                 |                 |                    |                        |
| CITY-ST-ZIP              |  | LE TN 37205   |                                |   |                         |                           |             | 1.4 CHY-                       |                  |   | STIE                                    | $A \Pi A$                                       | ACHER           | s U             | STING              | על                     |
| TITLE                    | C  |   |                                |   |                         | DELETE                    |             | 2.1 TITLE                      |                  |   |   |   | )               | <u> </u>        | Change             |                        |
| NAME                     | GORDON   | N, JOEL C   |                                |   |                         | -                         |             | 2.2 NAME                       |                  |   |   |   | 1               |                 | _ `                |                        |
| STREET ADDRESS           |  | ODMONT BO   | ULEVARD. §                     | SUITI   | E 610                   |                           |             | 2.3 STREE                      | ET ADDRESS       |   |   |   |                 |                 |                    |                        |
| CITY-ST-ZIP              |  | LE TN 37205   |                                |   |                         | _                         |             | 2. 4 CITY                      |                  |   |   |   |                 |                 |                    |                        |
| TITLE                    | ٧  |   |                                |   |                         | DELETE                    |             | 3.1 TITLE                      |                  |   |   |   |                 |                 | Change             | Addition               |
| NAME                     | NEAL, C  | HARLES T  |                                |   |                         |                           |             | 3.2 NAME                       |                  |   |   |   |                 |                 |                    |                        |
| STREET ADDRESS           |  | DOMONT BO   | ULEVARD. S                     | SUITI   | E 610                   |                           |             |                                | LT ADDRESS       |   |   |   | - 1             |                 |                    |                        |
| CITY-ST-ZIP              |  | LE TN 37205   |                                |   |                         | _                         |             | 3.4. CITY                      |                  |   |   |   |                 |                 |                    |                        |
| TITLE                    | ST   |   | ·                              |   |                         | DELETE                    |             | 4.1 TITLE                      |                  |   |   | <del></del> -                                   |                 |                 | Change             | Addition               |
| NAME                     |  | TARPLEY B   |                                |   |                         |                           |             | 4. 2 NAMI                      |                  |   |   |   |                 |                 | Jiiange            |                        |
| STREET ADDRESS           |  | DOMONT BO   | ULEVARD. 9                     | SUITI   | E 610                   |                           |             |                                | ET ADDRESS       |   |   |   |                 |                 |                    |                        |
| CITY-ST-ZIP              | NASHVII  | LE TN 37205   |                                |   | 10                      | /                         |             | 4.3 STREE<br>4.4 CITY-         |                  |   |   |   |                 |                 |                    |                        |
| TITLE                    | V  | ****  |                                |   |                         | DELETE                    |             | 5 1 111LE                      |                  |   |   |   |                 |                 | Change             | Addition               |
| NAME                     | VICKERY  | . E M   |                                |   | 7                       |                           | 1           | 5 2 NAME                       |                  |   |   |   | 1               |                 | L Ondinge          | Noomon                 |
| STREET ADDRESS           |  | DOMONT BO   | ULEVARD 9                      | SUITE   | E 610                   |                           | 8           |                                | T ADDRESS        |   |   |   | 1               |                 |                    |                        |
| CITY-ST-ZIP              |  | LE TN 37205   |                                |   | - 410                   | 1                         |             |                                | 1                |   |   |   |                 |                 |                    |                        |
| TITLE                    | AVP  | 111 01200   | ·                              |   |                         | DELETE                    |             | 5.4 CITY-<br>5.1 TITLE         |                  |   | • | <del> </del>                                    | -               |                 | ☐ Change           | Addition               |
| NAME                     |  | W, DANY E   |                                |   | 1                       | E-A DELLIL                |             |                                | 1                |   |   |   | V               |                 | ш опапро           | , L., MOUIIION         |
| 1                        |  | DOMONT BLV  | IN STE 810                     |   |                         |                           |             | 5.2 NAME                       |                  |   |   |   | 1               |                 |                    |                        |
| STREET ADDRESS           | NASHVIL  |   | D 01C 010                      |   |                         |                           |             |                                | ET ADDRESS       |   |   |   |                 |                 |                    |                        |
| 14. I do hereb           |  |   | n supplied w                   | ilh tei   | ie filing e             | done not a                |             | the ex                         |                  | atod i-                                 | o Cootion 110                           | 17/21/61 EIA                                    | rido Statutas   | . I de rette en | north the          | at the                 |
| information<br>Lam an of | n in <b>dic</b> ated i<br>fic <b>er o</b> r dire | on this annual i<br>ctor of the corp<br>or Block 13 if of | report or supplioration or the | plemo<br>Frece                                    | ental ann<br>eiver or t | nual report<br>rustee emi | is true a   | nd acc<br>To exe               | curate and t     | that m                                  | iv signature sh                         | all have the                                    | s same legal    | effect as       | if made i          | inder eath: that       |

HEALTHSOUTH MEALTHSOUTH Surgery Contern Surgery Centers

Officers and Directors

للصواحة الأمالي الماليمة

CHAPTER OF BUILDING FOR LINEAR SHOULD

- 1. Richard M. Scrushy, Chairman of the Board/Director One HealthSouth Parkway Birminghem, Alabama 35243
- 2. James P. Bennett, President One HealthSouth Parkway Birmingham, Alabama 35243
- 3. Aaron Beam, Jr., Vice President and Treasurer/Director One HealthSouth Parkway Birmingham, Alabama 35243
- Anthony J. Tanner, Vice President and Secretary/Director 4. One HealthSouth Parkway Birmingham, Alabama 35243
- 5. Michael D. Martin, Vice President One HealthSouth Parkway Birmingham, Alabama 35243
- William T. Owens, Vice President 6. One HealthSouth Parkway Birmingham, Alabama 35243
- 7. William W. Horton, Vice President and Assistant Secretary One HealthSouth Parkway Birmingham, Alabama 35243
- 8. C. Drew Demaray, Vice President and Assistant Secretary One HealthSouth Parkway Birmingham, Alabama 85248
- Richard E. Botts, Vice President 9. One HealthSouth Parkway Birmingham, Alabama 35243
- 10. Beall D. Gary, Jr., Vice President and Assistant Secretary One HealthSouth Parkway Birmingham, Alabama 35243
- Stacy H. Pulliam, Assistant Treasurer and Assistant Secretary 11. One HealthSouth Parkway Birmingham, Alabama 35243

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