

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000003686**

1. Entity Name

INTER CARE GROUP, INC.**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90051 033 ***150.00

Principal Place of Business

**1 HEALTHSOUTH PKWY
BIRMINGHAM AL 35243**

Mailing Address

**PO BOX 380546
BIRMINGHAM AL 35238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **85-0422864**

Applied For

Not Applicable

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.

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, 2001 Fee will be \$350.00
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	CD	<input checked="" type="checkbox"/> Delete
NAME	SCRUSHY, RICHARD	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scrushy, Richard M.	
STREET ADDRESS	One Healthsouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTS, RICHARD E	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Delete
NAME	HORTON, BILL	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MIKE	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owens, William T.	
STREET ADDRESS	One Healthsouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DARLY P	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foster, Patrick A.	
STREET ADDRESS	One Healthsouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JAMES P	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hale, Brandon O.	
STREET ADDRESS	One Healthsouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts, VP

Date

4/26/01

Daytime Phone #

205-967-7116

CR2E034 (10/00)

Attachment
#F94000003086
D0049417

INTER CARE GROUP, INC.

TAX ID# 850422864

DOCUMENT#F94000003686

Officers & Directors

Directors: Richard M. Scrushy, William T. Owens, Brandon O. Hale

Officers:

Richard M. Scrushy	Chairman of the Board, President & Director
William T. Owens	Vice President, Treasurer & Director
Brandon O. Hale	Vice President, Secretary & Director
Malcolm E. McVay	Vice President & Assistant Treasurer
William W. Horton	Vice President & Assistant Secretary
C. Drew Demaray	Vice President & Assistant Secretary
Beall D. Gary, Jr.	Vice President & Assistant Secretary
Catherine N. Fowler	Vice President, Assistant Secretary & Assistant Treasurer
Patrick A. Foster	Vice President -Outpatient Division - West
Robert E. Thomson	Vice President-Inpatient Division
Larry D. Taylor	Vice President -Outpatient Division-East
Richard E. Botts	Vice President

All Addresses c/o
HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, AL 35243
Phone (205) 967-7116