2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State **DOCUMENT #** F9400003686 1. Entity Name INTER CARE GROUP, INC. 05-28-2002 91498 005 ***150.00 Principal Place of Business Mailing Address 1 HEALTHSOUTH PKWY PO BOX 380546 BIRMINGHAM AL 35243 **BIRMINGHAM AL 35238** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 85-0422864 Not Applicable __ Z_{iD} _____ Country ----\$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE, ☐ Delete TITLE Change C/D ☐ Addition CR2E034 (9/01 SCRUSHY, RICHARD NAME . NAME STREET ADDRESS 1 HEALTHSOUTH PARKWAY STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME **BOTTS, RICHARD E** NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP-BIRMINGHAM-AL=35243---CITY_ST_ZIP-TITLE ☐ Delete TITLE V/AS Change ☐ Addition NAME HORTON, BILL NAME STREET ADDRESS 1 HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE Delete TITLE P/D √ Change Addition OWENS, WILLIAM T NAME STREET ADDRESS 1 HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FOSTER, PATRICK A NAME STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS CITY-ST-ZIF **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE VSD Delete TITLE Change Addition NAME HALE, BRANDON O NAME STREET ADDRESS ONE HEALTHSOUTH PKWY

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 of 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

BIRMINGHAM AL 35243

Richard E.