

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

FILED

Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005646 (4)

1. Corporation Name
CMS REHAB CONCEPTS CORP.



Principal Place of Business 6001 INDIAN SCHOOL RD NE SUITE 440 ALB NM 87110 US	Mailing Address P O BOX 30278 SUITE 440 ALB NM 87190 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc. 22 City & State 23 BIRMINGHAM, AL Zip 24 35243		2a. Mailing Address 26 P O BOX 380546 Suite, Apt. #, etc. 27 City & State 28 BIRMINGHAM, AL Zip 29 35238		3. Date Incorporated or Qualified 10/31/1994 4. FEI Number 25-1650793 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, NEAL M 6001 INDIAN SCHOOL RD NE ALB NM <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/C SCRUSHY, RICHARD M. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PEGLER, WILLIAM L 9820 WILLOW CREEK ROAD, SUITE 440 SAN DIEGO CA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/P BENNETT, JAMES P. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABAKO, EMILY 9820 WILLOW CREEK ROAD, SUITE 440 SAN DIEGO CA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/V/S TANNER, ANTHONY J. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHOFIELD, ERNEST A 6001 INDIAN SCHOOL RD NE ALB NM <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/T MARTIN, MICHAEL D. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUDER, SCOT 6001 INDIAN SCHOOL RD NE ALB NM <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V BOTTS, RICHARD E. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V BROWN, P. DARYL ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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 change.

SIGNATURE

Richard E. Botts

RICHARD E. BOTTS

2/27/98

(205) 967-7116

CP2E034 (10/97)

CMS Rehabilitation Concepts Corporation

FEI #- 25-1650793

List of Officers and Directors

Officers:

Richard M. Scrushy – Chairman of the Board

James P. Bennett - President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

P. Daryl Brown – Vice President

Robert E. Thomson – Vice President

William T. Owens – Vice President

William W. Horton – Vice President and Assistant Secretary

Beall D. Gary, Jr. – Vice President and Assistant Secretary

C. Drew Demaray -- Vice President and Assistant Secretary

Richard E. Botts – Vice President

Stacy H. Pulliam – Vice President, Assistant Treasurer and Assistant Secretary

Directors:

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243