2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State DOCUMENT # F94000006156 1. Entity Name 05-28-2002 91497 025 ***150 00 SELECTREHAB, INC. Principal Place of Business Mailing Address 1 HELATHSOUTH PKWY P.O. OBX 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 25-1649024 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VSD Delete TITLE ☐ Addition CR2E034 (9/01) Change Change BRANDON, O. HALE NAME NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PKWY CITY-ST-ZiP CITY-ST-ZIP **BIRMINGHAM AL 35243** P/DDelete TITLE VTD X Change ☐ Addition NAME NAME OWENS, WILLIAM T STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PKWY CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35243 TITLE X Delete TITLE, V/T_____ Change Addition. NAME NAME THOMSON, ROBERT E MALCOLM E. MCVAY STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS ONE HEALTHSOUTH PKWY CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** BIRMINGHAM, AL 35243 TITLE COBD ☐ Delete TITLE Ç Change ☐ Addition C/D NAME SCRUSHY, RICHARD M NAME STREET ADDRESS STREET ADDRESS 1 HEALTHSOUTH PKWY CITY-ST-7IP CITY-ST-ZIP BIRMINGHAM AL 35243 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME BOTTS, RICHARD E STREET ADDRESS STREET ADDRESS 1 HEALTHSOUTH PKWY CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TAYLOR, LARRY D NAME STREET ADDRESS ONE HEALTHSOUTH PKWY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the chapter like through the properties of the corporation of the corpo changed, or on an attachment

SIGNATURE:

Richard E.

FILED