2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # F94000006635 HEALTHSOUTH PROPERTIES CORPORATION 05-11-2001 90001 037 ***150.00 Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY PO BOX 380546 BIRMINGHAM AL 35238 **BIRMINGHAM AL 35243** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 63-1133453 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ;R2E034 (10/00) ☐ Addition TITLE COB ☐ Delete TITLE P.C.D Change NAME NAME SCRUSHY, RICHARD M STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL ☐ Change X Addition TITLE VSD X Delete TITLE V.S.D Brandon O. Hale NAME NAME TANNER, ANTHONY J One HEalthSouth Pkwy. STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY Birmingham, AL 35243 CITY-ST-ZIP CITY-ST-ZIE **BIRMINGHAM AL 35243** TITI F **VP** ☐ Delete TITLE Change ☐ Addition NAME BOTTS, RICHARD E NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** TITLE X Delete TITLE ☐ Change Addition NAME NAME BENNETT, JAMES P STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** TITLE ☐ Delete TITLE X Change Addition V.T.D NAME OWENS, WILLIAM T STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or trustee empowered to be equited by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmer like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts, VP