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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001299 (5)**

1. Corporation Name
HSC OF FT. PIERCE, INC.

Principal Place of Business	Mailing Address
TWO PERIMETER PARK SOUTH 224W BIRMINGHAM AL 25243 US	P O BOX 380546 990 HAMMOND DR. SUITE 300 BIRMINGHAM AL 35238-0546 US

2. Principal Place of Business	2a. Mailing Address
21 One Healthsouth Parkway	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Birmingham, AL 35243	City & State 28
Zip 24 35243	Zip 29
Country 25 U.S.A.	Country 30

3. Date Incorporated or Qualified: **03/17/1995**
3a. Date of Last Report: **03/06/1996**
4. FEI Number: **58-2088819** 58-2088823 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	SCRUSHY, RICHARD M	1.2 NAME	Scrushy, Richard M.
STREET ADDRESS	TWO PERIMETER PARK SOUTH	1.3 STREET ADDRESS	One Healthsouth Parkway
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	VTD ☐ DELETE	2.1 TITLE	VTD ☒ Change ☐ Addition
NAME	BEAM, AARON J	2.2 NAME	Beam, Aaron Jr.
STREET ADDRESS	TWO PERIMETER PARK SOUTH	2.3 STREET ADDRESS	One Healthsouth Parkway
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	VSD ☐ DELETE	3.1 TITLE	VSD ☒ Change ☐ Addition
NAME	TANNER, ANTHONY J	3.2 NAME	Tanner, Anthony J.
STREET ADDRESS	TWO PERIMETER PARK SOUTH	3.3 STREET ADDRESS	One Healthsouth Parkway
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	AS ☒ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	HODGIN, CHARLENE E	4.2 NAME	Martin, Michael D.
STREET ADDRESS	990 HAMMOND DR, SUITE 300	4.3 STREET ADDRESS	One Healthsouth Parkway
CITY-ST-ZIP	ATLANTA GA 30328	4.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	☐ DELETE	5.1 TITLE	V ☐ Change ☒ Addition
NAME		5.2 NAME	Botts, Richard E.
STREET ADDRESS		5.3 STREET ADDRESS	One Healthsouth Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 the 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.

SIGNATURE: Richard E. Botts Richard E. Botts — 3/7/97 — (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

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