

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90094 025 ***550.00

DOCUMENT # F95000003184

1. Entity Name
HORIZON MEDICAL SPECIALTIES, INC.

Principal Place of Business

Mailing Address

980376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 CORPORATE DR

3. Mailing Address

Same

Suite, Apt. #, etc.

340

Suite, Apt. #, etc.

City & State

BIRMINGHAM AL

City & State

4. FEI Number

75-2550785

Applied For

Not Applicable

Zip

35242

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☒ Delete
NAME SCRUSHY, RICHARD M
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE PRESIDENT ☐ Change ☒ Addition
NAME EUGENE E. SMITH
STREET ADDRESS 1200 CORPORATE DR SUITE 340
CITY-ST-ZIP BIRMINGHAM AL 35242

TITLE V ☒ Delete
NAME BOTTS, RICHARD E
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME CHRISTOPHER J. SMITH
STREET ADDRESS 1200 CORPORATE DR SUITE 340
CITY-ST-ZIP BIRMINGHAM AL 35242

TITLE VAS ☒ Delete
NAME HORTN, WILLIAM W
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☒ Delete
NAME OWENS, WILLIAM T
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME FOSTER, PATRICK A
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☒ Delete
NAME HALE, BRANDON O
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

Date

205 980 9970

Daytime Phone #

CR2E034 (4/02)