

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90024 046 ***150.00

DOCUMENT # F95000006099

1. Entity Name

UROCARE OF AMERICA, INC.

Principal Place of Business

**1 HEALTHSOUTH PKWY
 BIRMINGHAM AL 35243
 US**

Mailing Address

**P.O. BOX 380546
 BIRMINGHAM AL 35238-0546
 US**

AU011500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3346043**

Applied For
 Not Applicable

Zip

Country

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	COBD	<input type="checkbox"/> Delete
NAME	SCRUSHY, RICHARD	
STREET ADDRESS	1 HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTS, RICHARD E	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HORTON, BILL	
STREET ADDRESS	1 HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARTIN, MIKE	
STREET ADDRESS	1 HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BENNETT, JAMES P	
STREET ADDRESS	1 HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	TANNER, ANTHONY J	
STREET ADDRESS	1 HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Mike	
STREET ADDRESS	1 HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett, James P	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brandon O. Hale	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	

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

Date

Daytime Phone #

Richard E. Botts
 SIGNATURE

1/15/00

(205) 967-7116