

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90142 006 ***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 US |
|---|--|

UUUJUUJJ



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

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | COBD SCRUSHY, RICHARD 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOBD Scrushy, Richard M One HealthSouth Pkwy. Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOTTS, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS. HORTON, BILL 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MARTIN, MIKE 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD Owens, William T One HealthSouth Pkwy. Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BENNETT, JAMES P 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Thompson, Robert E. One HealthSouth Pkwy. Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS HALE, BRANDON O 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Richard E. Botts* Richard E. Botts, VP

4/24/01 205-967-7116
 Date Daytime Phone #

CR2E034 (10/00)

UROCARE OF AMERICA, INC.

TAX ID# 593346043
DOCUMENT#F95000006099

Attachment
F 95000006099
DOU48595

Officers & Directors

Directors: Richard M. Scrushy, William T. Owens, Brandon O. Hale

Officers:

| | |
|---------------------|---|
| Richard M. Scrushy | Chairman of the Board, President & Director |
| William T. Owens | Vice President, Treasurer & Director |
| Brandon O. Hale | Vice President, Secretary & Director |
| Malcolm E. McVay | Vice President & Assistant Treasurer |
| William W. Horton | Vice President & Assistant Secretary |
| C. Drew Demaray | Vice President & Assistant Secretary |
| Beall D. Gary, Jr. | Vice President & Assistant Secretary |
| Catherine N. Fowler | Vice President, Assistant Secretary & Assistant Treasurer |
| Patrick A. Foster | Vice President -Outpatient Division - West |
| Robert E. Thomson | Vice President-Inpatient Division |
| Larry D. Taylor | Vice President -Outpatient Division-East |
| Richard E. Botts | Vice President |

All Addresses c/o
HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, AL 35243
Phone (205) 967-7116