

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90734 011 \*\*\*150.00

0944963 AT

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3346043** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input type="checkbox"/> Delete <b>SCRUSHY, RICHARD</b> <b>1 HEALTHSOUTH PKWY</b> <b>BIRMINGHAM AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>BOTTS, RICHARD E</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <input type="checkbox"/> Delete <b>HORTON, BILL</b> <b>1 HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <input type="checkbox"/> Delete <b>OWENS, WILLIAM T</b> <b>1 HEALTHSOUTH PKWY</b> <b>BIRMINGHAM AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <input type="checkbox"/> Delete <b>MCVAY, MALCOLM</b> <b>1 HEALTHSOUTH PKWY</b> <b>BIRMINGHAM AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <input type="checkbox"/> Delete <b>HALE, BRANDON O</b> <b>1 HEALTHSOUTH PKWY</b> <b>BIRMINGHAM AL 35243</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joel C. Gordon</b> <b>One HealthSouth Parkway</b> <b>Birmingham, AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert P. May</b> <b>One HealthSouth Parkway</b> <b>Birmingham, AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>C. Drew Demaray</b> <b>One HealthSouth Parkway</b> <b>Birmingham, AL 35243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like signatures.

**SIGNATURE:**  **Richard E. Botts, VP** 4/30/03 (205)967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)