

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90051 031 \*\*\*150.00

**DOCUMENT # F96000001396**

1. Entity Name

**HORIZON MEDICAL MANAGEMENT, INC.**

Principal Place of Business

**1 HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243**

Mailing Address

**PO BOX 380546  
BIRMINGHAM AL 35238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **06-0631851**

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

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, 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 **CD** ☒ Delete  
NAME **SCRUSHY, RICHARD**  
STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**TITLE **PCD** ☒ Change ☐ Addition  
NAME **Scrushy, Richard M.**  
STREET ADDRESS **One HEalthsouth PKwy.**  
CITY-ST-ZIP **Birmignham, AL 35243**TITLE **VT** ☒ Delete  
NAME **MARTIN, MICHAEL D**  
STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**TITLE **VTD** ☐ Change ☒ Addition  
NAME **Owens, William T.**  
STREET ADDRESS **One HEalthsouth Pkwy.**  
CITY-ST-ZIP **Birmingham, AL 35243**TITLE **V** ☐ Delete  
NAME **BOTTS, RICHARD E**  
STREET ADDRESS **1 HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **HALE, BRANDON O**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**TITLE **VSD** ☒ Change ☐ Addition  
NAME **Hale, Brandon O.**  
STREET ADDRESS **One HEalthsouth Pkwy.**  
CITY-ST-ZIP **Birmingham, AL 35243**TITLE **P** ☒ Delete  
NAME **BROWN, P D**  
STREET ADDRESS **1 HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**TITLE **V** ☐ Change ☒ Addition  
NAME **Thompson, Robert E.**  
STREET ADDRESS **One HEalthsouth Pkwy.**  
CITY-ST-ZIP **Birmingham, AL 35243**TITLE **D** ☒ Delete  
NAME **BENNETT, JAMES P**  
STREET ADDRESS **1 HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**TITLE **V** ☐ Change ☒ Addition  
NAME **Foster, Patrick A.**  
STREET ADDRESS **One HEalthsouth Pkwy.**  
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: *Richard E. Botts*

Richard E. Botts, VP

Date

4/26/01

205-967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)

Attachment  
#F96000001396  
D0049419

## HORIZON MEDICAL MANAGEMENT, INC.

TAX ID# 060631851

DOCUMENT#F96000001396

### 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