

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003946 (8)

1. Corporation Name

HEALTHSOUTH SURGERY CENTER OF PINELLAS PARK, INC

Principal Place of Business

ONE HEALTHSOUTH PKWY.
BIRMINGHAM AL 35243
US

Mailing Address

P.O. BOX 390546
BIRMINGHAM AL 35238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

63-1176237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	BEAM, AARON JR	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	TANNER, ANTHONY J	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, JAMES P.	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BOTTS, RICHARD E.	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.	
CITY-ST-ZIP	BIRMINGHAM AL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES P. BENNETT	
2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATRICK A. FOSTER	
4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	VICE PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  RICHARD E. BOTTS, VICE PRES. 2/3/98 (205) 967-7116

CR2E034 (10/97)