

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003947 (6)  
1. Corporation Name  
HEALTHSOUTH SURGERY CENTER OF CRESTVIEW, INC.

Principal Place of Business  
~~21 PERIMETER PARKWAY XXX~~  
BIRMINGHAM AL 35243

Mailing Address  
~~26 PERIMETER PARKWAY XXX~~  
BIRMINGHAM AL 35243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc.		2a. Mailing Address 26 P O BOX 380546 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/02/1996		3a. Date of Last Report	
22 City & State 23 BIRMINGHAM, AL		27 City & State 28 BIRMINGHAM, AL		4. FEI Number APPLIED FOR 63-1176239		Applied For Not Applicable	
24 Zip 35243		25 Country USA		29 Zip 35238		30 Country USA	
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			
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.				81 Name			
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				83			
DATE				84 City			
				85 Zip Code			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M	1.2 NAME	
STREET ADDRESS	<del>21 PERIMETER PARKWAY XXX</del>	1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243	1.4 CITY - ST - ZIP	
TITLE	DVT	2.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	BEAM, AARON JR	2.2 NAME	
STREET ADDRESS	<del>21 PERIMETER PARKWAY XXXX</del>	2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	X Change <input type="checkbox"/> Addition
NAME	TANNER, ANTHONY J	3.2 NAME	
STREET ADDRESS	<del>21 PERIMETER PARKWAY XXX</del>	3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	X Change <input type="checkbox"/> Addition
NAME	<del>JONES, JARLEY D XXXXX</del>	4.2 NAME	JAMES P. BENNETT
STREET ADDRESS	<del>21 PERIMETER PARKWAY XXXX</del>	4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	X Change <input type="checkbox"/> Addition
NAME	<del>BENNETT, JAMES P XXX</del>	5.2 NAME	RICHARD E. BOTTS
STREET ADDRESS	<del>21 PERIMETER PARKWAY XXX</del>	5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	X Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D	6.2 NAME	
STREET ADDRESS	<del>21 PERIMETER PARKWAY XXX</del>	6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243	6.4 CITY - ST - ZIP	

14. I do 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 PRESIDENT 8/11/97 (205) 967-7116

CR2E034 (4/97)