

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001285 (2)  
 1. Corporation Name

HEALTHSOUTH HOME HEALTH SERVICES, PRN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243  
 Mailing Address: ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243

3. Date Incorporated or Qualified: 03/13/1997  
 4. FEI Number: APPLIED FOR 72-1375865  
 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  
 24. Country  
 25. Country  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country  
 30. Country

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  
 85. Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: COB NAME: SCRUSHY, RICHARD M STREET ADDRESS: ONE HEALTHSOUTH PARKWAY, SUITE 224W CITY-ST-ZIP: BIRMINGHAM AL 35243	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BENNETT, JAMES P STREET ADDRESS: ONE HEALTHSOUTH PARKWAY, SUITE 224W CITY-ST-ZIP: BIRMINGHAM AL 35243	<input type="checkbox"/> DELETE	2.1 TITLE: PD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: BEAM, AARON JR STREET ADDRESS: ONE HEALTHSOUTH PARKWAY, SUITE 224W CITY-ST-ZIP: BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: TANNER, ANTHONY J STREET ADDRESS: ONE HEALTHSOUTH PARKWAY, SUITE 224W CITY-ST-ZIP: BIRMINGHAM AL 35243	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MARTIN, MICHAEL D STREET ADDRESS: ONE HEALTHSOUTH PARKWAY, SUITE 224W CITY-ST-ZIP: BIRMINGHAM AL 35243	<input type="checkbox"/> DELETE	5.1 TITLE: VT 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: OWENS, WILLIAM T STREET ADDRESS: ONE HEALTHSOUTH PARKWAY, SUITE 224W CITY-ST-ZIP: BIRMINGHAM AL 35243	<input type="checkbox"/> DELETE	6.1 TITLE: V 6.2 NAME: BOTTS, RICHARD E. 6.3 STREET ADDRESS: ONE HEALTHSOUTH PARKWAY 6.4 CITY-ST-ZIP: BIRMINGHAM, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 M. Scrushy* 7/27/98 205-967-7116

CR2E034 (5/98)