

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003646**

1. Corporation Name

**HEALTHSOUTH S.C. OF KENDALL, INC.**

Principal Place of Business

**ONE HEALTHSOUTH PKWY  
BIRMINGHAM AL 35243**

Mailing Address

**ONE HEALTHSOUTH PKWY  
BIRMINGHAM AL 35243**

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/14/1997**

4. FEI Number

**72-1381929**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** P. O. BOX 380546

**27** Suite, Apt. #, etc.

**28** City & State

**BIRMINGHAM, AL**

**29** Zip **30** Country

**35238**

**USA**

9. Name and Address of Current Registered Agent

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

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **SCRUSHY, RICHARD M**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **P** ☐ DELETE

NAME **FOSTER, P**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VT** ☐ DELETE

NAME **MARTIN, M D**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VPSD** ☐ DELETE

NAME **TANNER, A J**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V** ☐ DELETE

NAME **OWENS, WILLIAM T**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VAS** ☐ DELETE

NAME **HORTON, WILLIAM W**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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, with all other like empowered.

SEE ATTACHMENT

SIGNATURE:

*Richard E. Botts*

**RICHARD E. BOTTS, VP** (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

546 118 - 90008 - 33  
F47000003646

***HS S.C. OF KENDALL, INC***  
DOCUMENT: F97000003646  
List of Officers and Directors

**Directors:**

Richard M. Scrushy  
James P. Bennett  
Anthony J. Tanner

**Officers:**

Richard M. Scrushy – Chairman of the Board  
Partick A. Foster-President  
Michael D. Martin – Vice President and Treasurer  
Anthony J. Tanner – Vice President and Secretary  
William T. Owens – Vice President  
William W. Horton – Vice President and Assistant Secretary  
Beall D. Gary, Jr. – Vice President and Assistant Secretary  
C. Drew Demaray – Vice President and Assistant Secretary  
Richard E. Botts – Sr. Vice President  
Leif M. Murphy – Vice President

All addresses c/o  
HEALTHSOUTH Corporation  
One HEALTHSOUTH Parkway  
Birmingham, Alabama 35243