

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

FILED

Apr 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004621 (5)**

1. Corporation Name  
**HEALTHSOUTH IMC, INC.**



Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b>	Mailing Address <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/03/1997</b>	
				4. FEI Number <b>72-1375561</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				<b>FL</b> 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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M			1.2 NAME	William T. Owens		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			1.3 STREET ADDRESS	One Healthsouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL			1.4 CITY-ST-ZIP	Birmingham, AL		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	William W. Horton	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, P D			2.2 NAME	One Healthsouth Pkwy		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			2.3 STREET ADDRESS	Birmingham, AL		
CITY-ST-ZIP	BIRMINGHAM AL			2.4 CITY-ST-ZIP	VP and Asst Secretary		
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP and Asst Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEAM, AARON			3.2 NAME	C. Drew Demaraj		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			3.3 STREET ADDRESS	One Healthsouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL			3.4 CITY-ST-ZIP	Birmingham, AL		
TITLE	VSD	<input type="checkbox"/> DELETE		4.1 TITLE	VP and Asst Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TANNER, ANTHONY J			4.2 NAME	Beall D. Gory, Jr.		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			4.3 STREET ADDRESS	One Healthsouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL			4.4 CITY-ST-ZIP	Birmingham, AL		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, JAMES P			5.2 NAME	Richard E. Botts		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			5.3 STREET ADDRESS	One Healthsouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL			5.4 CITY-ST-ZIP	Birmingham, AL		
TITLE	VT	<input type="checkbox"/> DELETE		6.1 TITLE	Asst. Treasurer and Asst Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D			6.2 NAME	Stacy H. Pulliam		
STREET ADDRESS	ONE HEALTHSOUTH PKWY			6.3 STREET ADDRESS	One Healthsouth Pkwy		
CITY-ST-ZIP	BIRMINGHAM AL			6.4 CITY-ST-ZIP	Birmingham, AL		

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 in an attachment with an address.

SIGNATURE:

*Richard E. Botts*

4/14/98 8051967-7116

CR2E034 (10/97)

**Healthsouth IMC, Inc.  
Officers and Directors**

**Directors:**

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

**Officers:**

<b>Richard M. Scrushy</b>	<b>Chairman of the Board</b>
<b>P. Daryl Brown</b>	<b>President</b>
<b>Michael D. Martin</b>	<b>Vice President and Treasurer</b>
<b>Anthony J. Tanner</b>	<b>Vice President and Secretary</b>
<b>James P. Bennett</b>	<b>Vice President</b>
<b>William T. Owens</b>	<b>Vice President</b>
<b>William W. Horton</b>	<b>Vice President and Assistant Secretary</b>
<b>C. Drew Demaray</b>	<b>Vice President and Assistant Secretary</b>
<b>Beall D. Gary, Jr.</b>	<b>Vice President and Assistant Secretary</b>
<b>Richard E. Botts</b>	<b>Vice President</b>
<b>Stacy H. Pulliam</b>	<b>Assistant Treasurer and Assistant Secretary</b>

**All addresses c/o**

**Healthsouth Corporation  
One Healthsouth Parkway  
Birmingham, Alabama 35243**