

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004621

1. Entity Name

HEALTHSOUTH IMC, INC.

Principal Place of Business

Mailing Address

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243-2358

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 72-1375561

Applied For  
Not Applicable

5. - Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
CD	SCRUSHY, RICHARD M	ONE HEALTHSOUTH PKWY	BIRMINGHAM AL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	BROWN, P. DARYL	ONE HEALTHSOUTH PKWY	BIRMINGHAM AL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	OWENS, WILLIAM T	ONE HEALTH SOUTH PKWY	BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete	VP	Richard E. Botts	One HealthSouth Parkway	Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VSD	TANNER, ANTHONY J	ONE HEALTHSOUTH PKWY	BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete	VS	Hale, Brandon O.	One HealthSouth Parkway	Birmingham, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	BENNETT, JAMES P	ONE HEALTHSOUTH PKWY	BIRMINGHAM AL	<input type="checkbox"/> Delete	VD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	MARTIN, MICHAEL D	ONE HEALTHSOUTH PKWY	BIRMINGHAM AL	<input type="checkbox"/> Delete	VT				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard E. Botts, SR.* Richard E. Botts, SR. VP (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #