

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90083 022 \*\*\*150.00

DOCUMENT # F97000004621

1. Entity Name

HEALTHSOUTH IMC, INC.

Principal Place of Business

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243

Mailing Address

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 380546

City & State

City & State

Birmingham, AL

Zip

Country

Zip

Country

35238

USA

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, 2001 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 CD  
NAME SCRUSHY, RICHARD M  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL ☐ Delete

TITLE C/D/P  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME BROWN, P. DARYL  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL ☒ Delete

TITLE V/T/D  
NAME Owens, William T.  
STREET ADDRESS One Healthsouth Pkwy.  
CITY-ST-ZIP Birmingham, AL 35243 ☐ Change ☒ Addition

TITLE VP  
NAME BOTTS, RICHARD E  
STREET ADDRESS ONE HEALTH SOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL 35243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS  
NAME HALE, BRANDON O  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL 35243 ☐ Delete

TITLE V/S/D  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME BENNETT, JAMES P  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL ☒ Delete

TITLE V  
NAME Horton, William W.  
STREET ADDRESS One Healthsouth Pkwy.  
CITY-ST-ZIP Birmingham, AL 35243 ☐ Change ☒ Addition

TITLE VT  
NAME MARTIN, MICHAEL D  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL ☒ Delete

TITLE V  
NAME Thompson, Robert E.  
STREET ADDRESS One Healthsouth PKWY.  
CITY-ST-ZIP Birmingham, AL 35243 ☐ Change ☒ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

4/24/01

Date

205-967-7116

Daytime Phone #

CR2E034 (10/00)