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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005350 (0)

ADVANTAGE HEALTH CORPORATION

Principal Place of Business

Maiting Address

FILED May 13 1998 8:00am Secretary of State



| I micipar riac | o of business | Mailing Address | | | |
|---|---|----------------------------------|-------------------------------|--|---------------------------------|
| | TER PARK S., 224W | TWO PERIMETER PARK | S., 224W | | |
| BIRMINGHAM AL 35243 BIRMINGHAM AL | | | | DO NOT WRITE IN THI | 6 PDACE |
| | | | | 3. Date Incorporated or Qualified | 5 SPACE |
| | | | | 10/13/1997 | |
| 2. Principal P | Place of Business | 2a, Mailing Address | | 4. FEI Number | Analysis 5 |
| | EALTHSOUTH PARKWAY | 26 P O BOX 38 | DAE / C | 04-2772046 | Applied For |
| Sulte, Apt. | | Suite, Apt. #, etc. | 30340 | V4 2112V40 | Not Applicable |
| 22 27 | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | 8 | Cily & State | | 6. Election Campaign Financing | |
| | NGHAM, AL | BIRMINGHAM | AL | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has paid the corporation. | |
| 24 35243 | 25 US | ⊢ ' | 30 US | Personal Property Tax due June 30. | Yes No |
| <u></u> | 9. Name and Address of Current | Registered Agent | <u> </u> | 10. Name and Address of New Registered | |
| C | T CORPORATION SYSTEM | | 81 Name | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 20 0 | 411 10000 | |
| PLANTATION FL 33324 | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| 1 | | | 83 | | |
| | | | | | |
| | | | 84 City | F | 85 Zip Code |
| 11 Pursuant | to the provisions of Sections 607.0502 | and 607 1508 Florida Statute | e the above named | | |
| 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 any health. (NOTS | Designated April closely | e required when reinstalling) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIDECTORS IN 12 |
| TITLE | CCEO | DELETE | 1) TITLE | D | X Change Addition |
| NAME | SCRUSHY, RICHARD M | | 1.2 NAME | RICHARD M. SCRUSHY | 25 avenila (2) vicavion |
| STREET ADDRESS TWO PERIMETER PARK S., 224W | | | 1.3 STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | | 1.4 CITY-ST-ZIP | BIRMINGHAM, AL 35243 | |
| TITLE | VCVT | Y DELETE | 2.1 TITLE | V | Change 🙀 Addition |
| NAME | BEAM, AARON JR | | 2.2 NAME | ' | |
| STREET ADDRESS | TWO PERIMETER PARK S., 224 | 4W | 2.3 STREET ADDRESS | RICHARD E. BOTTS | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | | 2 4 CITY-ST-ZIP | ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | |
| TITLE | VSD | DELETE | 3.1 TITLE | DINTINGHAM, AL 33243 | X Change Addition |
| NAME | TANNER, ANTHONY J | | 3.2 NAME | | ALL CHANGE |
| STREET ADORESS | TWO PERIMETER PARK S., 224 | ŧ₩ | 3.3 STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | | | BIRMINGHAM, AL 35243 | |
| TITLE | P | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | DIMILINGIANI, AL 33243 | Change Addition |
| NAME | BENNETT, JAMES P | | 4 2 NAME | | E vitange E Addition |
| STREET ADDRESS | TWO PERIMETER PARK S., 224 | ₩ | | ONE HEAT BUGOTEST PARTY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | = = = | 4.3 STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| TITLE | V | DELETE | 4.4 C(TY-ST-Z)P | BIRMINGHAM, AL 35243 | Change Addition |
| NAME | MARTIN, MICHAEL D | L.J VELLIE | 51 HILE | V/T | X1 cuando C1 vanigan |
| | TWO PERIMETER PARK S., 224 | ıw | 5.2 NAME | 0.00 | |
| STREET ADDRESS | BIRMINGHAM AL 35243 | • • • | 5 3 STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP TITLE | V V | ☐ DELETE | 5.4 CITY-ST-ZIP | BIRMINGHAM, AL 35243 | L. Change Addition |
| 1 | OWENS, WILLIAM T | ☐ DEFE IE | 6.1 TITLE | | Change Addition |
| NAME | TWO PERIMETER PARK S., 224 | ıw | 6.2 NAME | | |
| STREET ADDRESS | BIRMINGHAM AL 35243 | 144 | 6.3 STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | |
| CITY-ST-ZIP | • | this files does not suggest to | 6.4 CITY-ST-ZIP | BIRMINGHAM, AL 35243 ed in Section 119.07(3)(i), Florida Statutes, I further of | |
| 14. INGREDY C | eruny mai the information supplied with | ithis tiling does not qualify to | r the exemption state | ed in Section 119.07(3)(ii). Florida Statutes, I further d | certity that the information. I |

4. 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 suppliemental 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 comparation or the receivant or trusted on bewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartistic, or ou an attach near with a laguress.

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