

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005350

1. Entity Name

ADVANTAGE HEALTH CORPORATION

Principal Place of Business

ONE HEALTHSOUTH PKWY  
BIRMINGHAM AL 35243  
US

Mailing Address

P. O. BOX 380546  
BIRMINGHAM AL 35238  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-2772046

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCRUSHY, RICHARD M<br>ONE HEALTHSOUTH PKWY<br>BIRMINGHAM AL 35243 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BOTTS, RICHARD E.<br>ONE HEALTHSOUTH PKWY<br>BIRMINGHAM AL 35243  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPSD<br>HALE, BRANDON O<br>ONE HEALTHSOUTH PKWY<br>BIRMINGHAM AL 35243 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>THOMSON, ROBERT E<br>ONE HEALTHSOUTH PKWY<br>BIRMINGHAM AL 35243  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MCVAY, MALCOLM E<br>ONE HEALTHSOUTH PKWY<br>BIRMINGHAM AL 35243   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>OWENS, WILLIAM T<br>ONE HEALTHSOUTH PKWY<br>BIRMINGHAM AL 35243   | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, COB, P<br>Richard M. Scrushy<br>One HealthSouth Pkwy.<br>Birmingham, AL 35243 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Robert E. Thomson<br>One HealthSouth Pkwy.<br>Birmingham, AL 35423          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Malcom E. McVay<br>One HealthSouth Pkwy.<br>Birmingham, AL 35423            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.D.T.<br>William T. Owens<br>One HealthSouth Pkwy.<br>Birmingham, AL 35243      | <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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/01 (205) 967-7116

Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90070 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

*Attachments*

**ADVANTAGE HEALTH CORPORATION**

**FID#: 04-2772046**

**DOCUMENT #: F97000005350**

List of Officers and Directors

*D0042477*  
*#F97000005350*

Richard M. Scrushy, Chairman of the Board, President and Director

Brandon O. Hale, Vice President, Secretary and Director

William T. Owens, Vice President, Treasurer and Director

Robert E. Thomson, Vice President-Inpatient

Larry D. Taylor, Vice President-O.P. East

Patrick A. Foster, Vice President-O.P. West

William W. Horton, Vice President and Assistant Secretary

C. Drew Demaray, Vice President and Assistant Secretary

Beall D. Gary, Jr., Vice President and Assistant Secretary

Richard E. Botts, Vice President

Malcolm E. McVay, Vice President and Assistant Treasurer

Catherine N. Fowler, Vice President, Assistant Treasurer and Assistant Secretary

All addresses c/o

HEALTHSOUTH Corporation

One Healthsouth Parkway

Birmingham, Alabama 35243

Telephone (205) 967-7116