

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001729

1. Entity Name

HEALTHSOUTH MEDICAL CLINIC, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90031 008 ***150.00

Principal Place of Business

ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243
US

Mailing Address

P.O. BOX 380546
BIRMINGHAM AL 35238-0546
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1194714**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, JAMES P	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	TANNER, ANTHONY J	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, P. DARYL	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MARTIN, MICHAEL D	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OWENS, WILLIAM T	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hale, Brandon.O.	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard E. Botts	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts, Sr. V.P.

Date

(205)967-7116

Daytime Phone #