

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000003756**

1. Entity Name

**HEALTHSOUTH NETWORK SERVICES, INC.****FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90067 002 \*\*\*150.00

Principal Place of Business

**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243**

Mailing Address

**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243****00042349**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **72-1342805**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CCOB SCRUSHY, RICHARD M ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.P.D. Richard M. Scrushy One HealthSouth Pkwy. Birmingham, AL 35243</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BENNETT, JAMES P ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.T.D. William T. Owens One HealthSouth Pkwy. Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HALE, BRANDON O ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT MARTIN, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Robert E. Thomson One HealthSouth Pkwy. Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V OWENS, WILLIAM T ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Larry D. Taylor One HealthSouth Pkwy. Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROWN, P. DARYL ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Richard E. Botts One HealthSouth Pkwy. Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard E. Botts**

Date

Daytime Phone #

**4/16/01 (205) 967-7116**

CR2E034 (10/00)

*Attachment*

HealthSouth Network Services, Inc.

Document #: F99000003756

FEIN: 72-1342805

List of Officers and Directors

*#F99000003756*

*D0042349*

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