

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91498 035 \*\*\*150.00

**DOCUMENT # F99000003756**

1. Entity Name

**HEALTHSOUTH NETWORK SERVICES, 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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**72-1342805**

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, 2002 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 CPD ☐ Delete  
 NAME SCRUSHY, RICHARD M  
 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
 CITY-ST-ZIP BIRMINGHAM AL 35243

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

TITLE VTD ☐ Delete  
 NAME OWENS, WILLIAM T  
 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
 CITY-ST-ZIP BIRMINGHAM AL 35243

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

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

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

TITLE V ☒ Delete  
 NAME THOMSON, ROBERT E  
 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
 CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE VP/T ☐ Change ☒ Addition  
 NAME McVay, Malcolm E.  
 STREET ADDRESS One HealthSouth Pkwy, Birmingham, AL 35243  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME TAYLOR, LARRY D  
 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
 CITY-ST-ZIP BIRMINGHAM AL 35243

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

TITLE V ☐ Delete  
 NAME BOTTS, RICHARD E  
 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
 CITY-ST-ZIP BIRMINGHAM AL 35243

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

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 a power like empowered.

SIGNATURE:

*Richard E. Botts*

**SIGNATURE REQUIRED**  
 Richard E. Botts, VP

4-29-02

205-967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)