

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91884 037 ***150.00

0644664 AT

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

PO Box 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Birmingham, AL

4. FEI Number **72-1342805**

Applied For
Not Applicable

Zip

Country

Zip

35238

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **SCRUSHY, RICHARD M**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **CD** ☒ Change ☐ Addition
NAME **Joel C. Gordon**
STREET ADDRESS **One HealthSouth Parkway**
CITY-ST-ZIP **Birmingham, AL 35243**

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Robert P. May**
STREET ADDRESS **One HealthSouth Parkway**
CITY-ST-ZIP **Birmingham, AL 35243**

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 **VPT** ☐ Delete
NAME **MCVAY, MALCOLM E**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **VAS** ☒ Change ☐ Addition
NAME **C. Drew Demaray**
STREET ADDRESS **One HealthSouth Parkway**
CITY-ST-ZIP **Birmingham, AL 35243**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other information covered.

SIGNATURE:

SIGNATURE REQUIRED

Richard E. Botts, VP 4/30/03 (205)967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)