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Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # G29121 (2)</b> 1. Corporation Name <b>HIALEAH CONVALESCENT CENTERS, INC.</b>		
Principal Place of Business <b>6001 INDIAN SCHOOL RD NE ALB NM 87110 US</b>		Mailing Address <b>PO BOX 30278 ALB NM 87190 US</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 ONE HEALTHSOUTH PARKWAY</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 BIRMINGHAM, AL</b> Zip <b>24 35243</b>		2a. Mailing Address <b>25 P O BOX 380546</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 BIRMINGHAM, AL</b> Zip <b>29 35238</b>		3. Date Incorporated or Qualified <b>02/15/1983</b>	
Country <b>25 US</b>		Country <b>29 US</b>		4. FEI Number <b>59-2474483</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PO	ELLIOT, NEAL	6001 INDIAN SCHOOL DR NE	ALBUQUERQUE NM	C/D	SCRUSHY, RICHARD M.	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
SVP	GONZALES, CHARLES H	6001 INDIAN SCHOOL DR NE	ALBUQUERQUE NM		BENNETT, JAMES, P.	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
SVP	SCHOFIELD, ERNEST A	6001 INDIAN SCHOOL DR NE	ALBUQUERQUE NM		TANNER, ANTHONY J.	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
SVP	SAUDER, SCOT	6001 INDIAN SCHOOL RD NE	ALBUQUERQUE NM		MARTIN, MICHAEL D.	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
VP	MISITANO, ANTHONY	600 WILSON LANE	MECHANICSBURG PA		BOTTS, RICHARD E.	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
VPT	WARRICK, DOUG	6001 INDIAN SCHOOL DR NE	ALBUQUERQUE NM		BROWN, P. DARYL	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243

14. 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 annual report or supplemental annual 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 3/27/98

CR2E034 (10/97)

Hialeah Convalescent Centers, Inc.  
FEI# 59-2474483  
1998 Florida Profit Corporation Annual Report  
List of Officers and Directors

**Officers:**

Richard M. Scrushy, Chairman of the Board  
James P. Bennett, President  
Michael D. Martin, Vice President and Treasurer  
Anthony J. Tanner, Vice President and Secretary  
P. Daryl Brown, Vice President  
Robert E. Thomson, Vice President  
William T. Owens, Vice President  
William W. Horton, Vice President and Assistant Secretary  
Beall D. Gary, Jr., Vice President and Assistant Secretary  
C. Drew Demaray, Vice President and Assistant Secretary  
Richard E. Botts, Vice President  
Stacy H. Pulliam, Vice President, Assistant Treasurer and Assistant Secretary

**Directors:**

Richard M. Scrushy  
James P. Bennett  
Anthony J. Tanner

All address c/o  
HEALTHSOUTH Corporation  
One HEALTHSOUTH Parkway  
Birmingham, Alabama 35243