

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29121

1. Entity Name

HIALEAH CONVALESCENT CENTERS, INC.

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

Zip

Country

Zip

Country

4. FEI Number 59-2474483

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

CT CORPORATION SYSTEM
1200 S. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCRUSHY, RICHARD M ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, JAMES P ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TANNER, ANTHONY J ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTIN, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, P D ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ROBERT E. THOMSON ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVS BRANDON O. HALE ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VT WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input 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

(205) 967-7116

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)