

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91499 049 ***150.00

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2474483

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

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CPD
SCRUSHY, RICHARD M
ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
C/D

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VDS
HALE, BRANDON
ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P/D

☒ Change ☐ Addition

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

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V/T
MALCOLM E MCVAY
ONE HEALTHSOUTH PKWY
BIRMINGHAM, AL 35243

☐ Change ☒ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts-VP

Date

Daytime Phone #

4/20/02 205-967-7116

CR2E034 (9/01)