

PAGE 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G-80699**

1. Corporation Name

Dade Physical Therapy Rehab, Inc.

2. Principal Office Address

7800 SW 87th Avenue

Suite, Apt. #, etc.

Suite B205

City & State

Miami, Florida

Zip

33173

Country

USA

3. Mailing Office Address

One Healthsouth Parkway

Suite, Apt. #, etc.

City & State

Birmingham, Alabama

Zip

35243

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/1997

5. FEI Number

592394368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

200003573432--4

Street Address (P.O. Box Number is Not Acceptable)

660 East Jefferson Street

-01/24/01--01085--008

\*\*\*750.00 \*\*\*750.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Dale W. Morris*

**DALE W. MORRIS**

**ASSISTANT VICE PRESIDENT**

Date

1/15/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE EXHIBIT "A" ATTACHED HERETO		200003573432--4 -01/24/01--01085--009 ***600.00 ***600.00

REINSTATEMENT 9/1/01 TS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William W. Horton*  
**William W. Horton, Vice President**

01/12/01

Date

205/967-7116

Daytime Phone #

HEALTHSOUTH Corporation  
Subsidiary Officers and Directors

Richard M. Scrushy 2406 Longleaf Street Birmingham, AL 35243	Chairman of the Board, President and Director
Brandon O. Hale 3556 Tanglecreek Circle Birmingham, AL 35243	Vice President, Secretary and Director
William T. Owens 118 Highland View Drive Birmingham, AL 35242	Vice President, Treasurer and Director
Robert E. Thomson 101 Indian Trail Road Indian Springs, AL 35124-3227	Vice President
Larry D. Taylor 4054 Water Willow Lane Hoover, AL 35244	Vice President
Patrick A. Foster 524 Castlebridge Lane Birmingham, AL 35242	Vice President
William W. Horton 830 Linwood Road Birmingham, AL 35222	Vice President and Assistant Secretary
C. Drew Demaray 4826 Bridgewater Road Birmingham, AL 35243	Vice President and Assistant Secretary
Beall D. Gary, Jr. 3911 10 <sup>th</sup> Avenue South Birmingham, AL 35222	Vice President and Assistant Secretary
Richard E. Botts 3239 Heathrow Downs Birmingham, AL 35226	Vice President
Malcolm E. McVay 3709 Overbrook Circle Birmingham, AL 35213	Vice President and Assistant Treasurer
Catherine N. Fowler 2712 Overhill Rd. Birmingham, AL 35223	Vice President, Assistant Treasurer and Assistant Secretary