

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91498 050 ***150.00

FORM 1303 4T

DOCUMENT # G80699

1. Entity Name
DADE PHYSICAL THERAPY REHAB, INC.

Principal Place of Business
7800 SW 87TH AVENUE, SUITE B205
MIAMI FL 33173
US

Mailing Address
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243
US



2. Principal Place of Business

3. Mailing Address
P.O. Box 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Birmingham, AL 35243

4. FEI Number
59-2394368

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
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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 Delete
COBP
SCRUSHY, RICHARD M D
 STREET ADDRESS **2406 LONGLEAF STREET**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME Change Addition
COB

TITLE NAME Delete
VPSD
HALE, BRANDON O
 STREET ADDRESS **3558 TANGLECREEK CIRCLE**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME Change Addition

TITLE NAME Delete
VPTD
OWENS, WILLIAM T
 STREET ADDRESS **118 HIGHLAND VIEW DRIVE**
 CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE NAME Change Addition
P/D

TITLE NAME Delete
VP
THOMSON, ROBERT E
 STREET ADDRESS **101 INDIAN TRAIL ROAD**
 CITY-ST-ZIP **INDIAN SPRINGS AL 35124-3227**

TITLE NAME Change Addition
VP/T
McVay, Malcolm E.
 STREET ADDRESS **One HealthSouth Pkwy**
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE NAME Delete
VP
TAYLOR, LARRY D
 STREET ADDRESS **4054 WATER WILLOW LANE**
 CITY-ST-ZIP **HOOVER AL 35244**

TITLE NAME Change Addition

TITLE NAME Delete
VP
FOSTER, PATRICK A
 STREET ADDRESS **524 CASTLEBRIDGE LANE**
 CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE NAME 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 empowered.

SIGNATURE: Richard E. Botts **Richard E. Botts** 4/29/02 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)