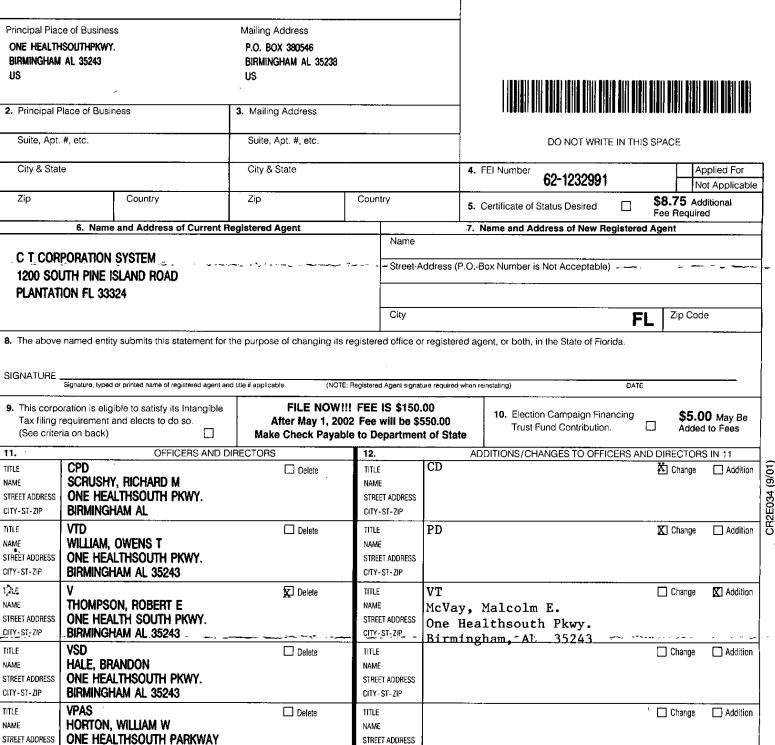
## **2002 UNIFORM BUSINESS REPORT (UBR)** H08646 DOCUMENT # 1. Entity Name SCA-SARASOTA, INC. Principal Place of Business Mailing Address ONE HEALTHSOUTHPKWY. P.O. BOX 380546 **BIRMINGHAM AL 35243 BIRMINGHAM AL 35238** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM

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

05-28-2002 91498 029 \*\*\*150.00



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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

VΡ

**BIRMINGHAM AL 35243** 

**BIRMINGHAM AL 35243** 

ONE HEALTHSOUTH PKWY.

**BOTTS, RICHARD E** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

□ Delete

4/24/02

967-7116

☐ Change

☐ Addition