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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90005 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H08745

1. Corporation Name

SOUTH DADE ORTHOPEDIC ASSOCIATES, P.A.

Principal Place of Business
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243

Mailing Address
P.O. BOX 380546
BIRMINGHAM AL 35238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2417574	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD *SEE ATTACHED LIST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M	1.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, P. DARYL M.D.	2.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, ANTHONY J	3.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D	4.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES P	5.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTS, RICHARD E	6.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. BOTTS 3/14/99 (205) 967-7116

Date

Daytime Phone #

CR2E034 (11/98)

PACIFIC REHABILITATION & SPORTS MEDICINE, INC.

DOCUMENT: F94000001651

List of Officers and Directors

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Officers:

Richard M. Scrushy – Chairman of the Board

James P. Bennett – Vice President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

P. Daryl Brown – President

Robert E. Thomson – Vice President

William T. Owens – Vice President

William W. Horton – Vice President and Assistant Secretary

Beall D. Gary, Jr. – Vice President and Assistant Secretary

C. Drew Demaray – Vice President and Assistant Secretary

Richard E. Botts – Sr. Vice President

Leif M. Murphy – Vice President

Directors:

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243