W: FILING FEE AFTER MAY 1ST IS $550.00

...ROFIT
...RPORATION
...NUAL REPORT
1999

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

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90090 018 ***150.00

DOCUMENT # H33504

1. Corporation Name
SIGMA HEALTH PROPERTIES, INC.

Principal Place of Business	Mailing Address
2600 E. SOUTH BLVD STE 350 MONTGOMERY AL 36116 US	P O BOX 11148 MONTGOMERY AL 36111 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1984

2. Principal Place of Business	2a. Mailing Address
21 ONE HEALTHSOUTH PARKWAY	26 ONE HEALTHSOUTH PARKWAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BIRMINGHAM, AL	City & State 28 BIRMINGHAM, AL
Zip / Country 24 35243 25 US	Zip / Country 29 35243 30 US

4. FEI Number: 74-2357411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALDAG, EDWARD K JR.
1675 RIGGINS ROAD
TALLAHASSEE FL 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, IRIS 2600 E SOUTH BLVD MONTGOMERY AL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P,D JAMES P. BENNETT ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCPHERSON, MARGARET 2600 E SOUTH BLVD MONTGOMERY AL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP,T,D MICHAEL D. MARTIN ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FITZPATRICK, TRANUM 2600 E SOUTH BLVD MONTGOMERY AL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP,S,D ANTHONY J. TANNER ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALTHALL, ROBERT 1400 PARK PLACE TOWER BIRMINGHAM AL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	VP, RICHARD E. BOTTS ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ALDAG, EDWARD K, JR 2600 E SOUTH BLVD MONTGOMERY AL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	CEO RICHARD M. SCRUSHY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: Richard E. Botts 3/30/99 (205)967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #