

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J50428 (8)			
1. Corporation Name PROFESSIONAL THERAPY INTERNATIONAL, INC.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1 HEALTHSOUTH PKWY		2a. Mailing Address 26 PO BOX 380546	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.	
22		27	
City & State 23 BIRMINGHAM, AL		City & State 28 BIRMINGHAM, AL	
Zip 24 35243		Country 25 US	
29 35238		30 US	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 NAME STREET ADDRESS CITY - ST - ZIP	PD RICHARD SCRUSHY 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOUG WARRICK 8801 HORIZON BLVD NE ALBUQUERQUE, NM 87113		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BILL HORTON 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIKE MARTIN 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(l), 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.			
SIGNATURE: <i>[Signature]</i>		4/6/98 505-878-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)