

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

pg. 1 of 3

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K49526

1. Corporation Name
SHC NAPLES, INC.

98 FEB 10 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-98
AR

Principal Place of Business Mailing Address

**ONE HEALTHSOUTH PARKWAY
BIRMINGHAM, AL 35243
US**

**P O BOX 380546
BIRMINGHAM, AL 35238
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/29/88	
City & State		City & State		5. FEI Number	
Zip		Country		58-2007568	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	"SEE ATTACHED LIST"		
			700002429257--8
			02/12/98 01094-006
			****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard E. Botts

RICHARD E. BOTTS

11/29/10

(205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)

SAC Naples, Inc.
Document # 49526

pg. 2 of 3

Officers and Directors

Directors:

Richard M. Scrushy
James P. Bennett
Anthony J. Tanner

Officers:

Richard M. Scrushy	Chairman of the Board
Patrick A. Foster	President
Michael D. Martin	Vice President and Treasurer
Anthony J. Tanner	Vice President and Secretary
William T. Owens	Vice President
Richard E. Botts	Vice President
William W. Horton	Vice President and Assistant Secretary
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary
Stacy H. Pulliam	Assistant Secretary and Assistant Treasurer

All addresses c/o

HEALTHSOUTH Corporation
One HEALTHSOUTH Parkway
Birmingham, Alabama 35243



Pg. 3 of 3

January 15, 1998

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: SHC Naples, Inc.
FEIN: 65-0085451

Dear Sir or Madam:

We requested an address change for the above referenced facility on the 1996 Annual Report that was filed with the Florida Department of Revenue in 1996. Unfortunately, your department failed to make the address change, and we did not receive the 1997 Annual Report Form.

Per my conversation with your office on January 15, 1998, I am enclosing \$165 for the 1997 report and supplemental fees and \$150 for the 1998 report fees totaling \$315.

Should you have any questions or require additional information, please contact me at (205)970-7796.

Thank you for your help with this matter.

Sincerely,

Kathy Givan
Tax Accountant

Enclosure

One HealthSouth Parkway • Birmingham, AL 35243
205 967-7116
<http://www.healthsouth.com>

HBG
NYSE