

FILED
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Secretary of State

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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 # L00741

1. Corporation Name
SCA-TAMPA, INC.



Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US	Mailing Address ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26	P. O. BOX 380546	07/10/1989		62-223764 62-223764		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
22		27		<input type="checkbox"/>					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
23		28 BIRMINGHAM, AL		<input type="checkbox"/>					
Zip Country		Zip Country		8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
24 25		29 30		35238 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	SCRUSHY, RICHARD M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUCSHY, RICHARD M.		1.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		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	FOSTER, PATRICK A		2.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		2.4 CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D		3.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		3.4 CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, ANTHONY		4.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		4.4 CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, WILLIAM W		5.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35243		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, WILLIAM T		6.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		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 an affidavit, with all other like empowered.

SIGNATURE: Richard E. Botts RICHARD E. BOTTTS, SR. VP 3/26/99 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1/1/99)