

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 042 ***150.00

DOCUMENT # L23773

1. Entity Name
SCA-ST. PETERSBURG, INC.

Principal Place of Business ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 US	Mailing Address ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243-2358 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1863462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete SCRUSHY, RICHARD M ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete FOSTER, PATRICK A ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete MARTIN, MICHAEL D ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <input checked="" type="checkbox"/> Delete TANNER, ANTHONY J. ONE HEALTHSOUTH PKWY BIRMINGHAM AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS <input type="checkbox"/> Delete HORTON, WILLIAM W ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BOTTS, RICHARD E ONE HEALTHSOUTH PKWY. BIRMINGHAM AL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Daryl P. One HealthSouth Parkway Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hale, Brandon O. One HealthSouth Parkway Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E. Botts, Sr.* **Richard E. Botts, Sr. VP** **1/20/00** **(205) 967-7116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)