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

FILED Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (6)M21162 DOCTORS' SCANNING ASSOCIATES, INC. Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY PO BOX 380546 BIRMINGHAM AL 35243 BIRMINGHAM AL 35238 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2583195 21 Not Applicable Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name C/O CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO. PINE ISLAND RD. **PLANTATION FL 33324 B3** 84 City 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. (NOTE Registered Agent signature reg OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change Addition TITLE SCRUSHY, RICHARD M. NAME 1.2 NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS 1.3 STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE PD X Change TITLE 21 TITLE Addition BENNETT, JAMES P NAME 22 NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS 2.3 STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP 2.4 CITY-ST-ZIP X DELETE Addition TITLE 3.1 TITLE BEAM, AARON, JR. NAME 3.2 NAME ONE HEALTSOUTH PARKWAY STREET ADDRESS 3 3 STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE C Change Addition TITLE 4.1 TITLE TANNER, ANTHONY J. NAME 4.2 NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS 4.3 STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE X Change ☐ Addition 5.1 TITLE VΤ MARTIN, MICHAEL D. NAME 5 2 NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS 5.3 STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-\$1-ZIP

SIGNATURE:

BOTTS, RICHARD E.

BIRMINGHAM AL

ONE HEALTHSOUTH PARKWAY

TITLE

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 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 flat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporate) or the receiver or trustor empowered to decembe the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an alticomment with a faddows.

Addition

Change