

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21162

1. Entity Name

DOCTORS' SCANNING ASSOCIATES, INC.

FILED

Mar 27, 2000 8:00 am  
Secretary of State

03-27-2000 90109 048 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243  
US

PO BOX 380546  
BIRMINGHAM AL 35238-0546  
US

2. Principal Place of Business

One HealthSouth Parkway

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 380546

Suite, Apt. #, etc.

City & State

Birmingham, Alabama

City & State

Birmingham, Alabama

4. FEI Number

59-2583195

Applied For

Not Applicable

Zip

Country

35243

US

Zip

Country

35238

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SO. PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CPBD<br>SCRUSHY, RICHARD M.<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM AL | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BENNETT, JAMES P<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM AL      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>TANNER, ANTHONY J.<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM AL   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>MARTIN, MICHAEL D.<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM AL    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BOTTS, RICHARD E.<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM AL      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | *See Attached List*   |  |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Robert E. Thomson<br>One HealthSouth Parkway<br>Birmingham, AL 35243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP,S,D<br>Brandon O. Hale<br>One HealthSouth Parkway<br>Birmingham, AL 35243      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Malcolm E. McVay<br>One HealthSouth Parkway<br>Birmingham, AL 35243  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

Date

3/20/00

Daytime Phone #

(205) 967-7116

CF 1 034 (9/99)

121162

Attacher H  
100046403

*Doctors' Scanning Associates, Inc.*

*FID # 59-2583195*

*Document # M21162*

*Officers & Directors*

*Officers:*

*Richard M. Scrushy*

*P. Daryl Brown*

*Patrick A. Foster*

*Robert E. Thomson*

*James P. Bennett*

*Malcom E. McVay*

*Brandon O. Hale*

*William T. Owens*

*William W. Horton*

*C. Drew Demaray*

*Richard E. Botts*

*Beall D. Gary, Jr.*

*Chairman of the Board*

*President HEALTHSOUTH Outpatient Division - East*

*President HEALTHSOUTH Outpatient Division - West*

*President - Inpatient Division*

*Vice President*

*Treasurer*

*Vice President, Secretary*

*Executive Vice President & CFO*

*Vice President, Assistant Secretary*

*Vice President, Assistant Secretary*

*Vice President*

*Vice President, Assistant Secretary*

*Directors:*

*Richard M. Scrushy*

*James P. Bennett*

*Brandon O. Hale*

*All addresses c/o:*

*HEALTHSOUTH Corporation*

*One HealthSouth Parkway*

*Birmingham, Alabama 35243*