

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

FILED

May 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **M21960** (3)
1. Corporation Name
DOCTORS' HOME HEALTH, INC.

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|---|---|
| Principal Place of Business TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243 US | Mailing Address PO BOX 380646 BIRMINGHAM AL 35238-0646 US |
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|--|--|--|--|---|--|
| 2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 10/09/1985 | 3a. Date of Last Report 04/24/1996 |
| 22 City & State 23 BIRMINGHAM, AL | | 27 City & State 28 | | 4. FEI Number 59-2587290 | Applied For Not Applicable |
| 24 Zip 35243 | | 25 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 26 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 28 | | 29 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SO. PINE ISLAND RD. PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 85 Zip Code | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | 84 City | |
| 83 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE CO | <input type="checkbox"/> DELETE | 1.1 TITLE COBD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SCRUSHY, RICHARD | | 1.2 NAME SCRUSHY, RICHARD | |
| STREET ADDRESS TWO PERIMETER PARK SOUTH | | 1.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY | |
| CITY-STATE-ZIP BIRMINGHAM AL | | 1.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243 | |
| TITLE P | <input type="checkbox"/> DELETE | 2.1 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BENNETT, JAMES P | | 2.2 NAME BENNETT, JAMES | |
| STREET ADDRESS 2 PERIMETER PARK SOUTH | | 2.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY | |
| CITY-STATE-ZIP BIRMINGHAM AL | | 2.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243 | |
| TITLE VTD | <input type="checkbox"/> DELETE | 3.1 TITLE VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BEAM, AARON JR | | 3.2 NAME BEAM, AARON JR. | |
| STREET ADDRESS TWO PERIMETER PARK SOUTH | | 3.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY | |
| CITY-STATE-ZIP BIRMINGHAM AL | | 3.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243 | |
| TITLE VSD | <input type="checkbox"/> DELETE | 4.1 TITLE VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TANNER, ANTHONY J | | 4.2 NAME TANNER, ANTHONY | |
| STREET ADDRESS TWO PERIMETER PARK SOUTH | | 4.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY | |
| CITY-STATE-ZIP BIRMINGHAM AL | | 4.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243 | |
| TITLE V | <input type="checkbox"/> DELETE | 5.1 TITLE V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTIN, MICHAEL D. | | 5.2 NAME MARTIN, MICHAEL | |
| STREET ADDRESS TWO PERIMETER PARK SOUTH | | 5.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY | |
| CITY-STATE-ZIP BIRMINGHAM AL | | 5.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243 | |
| TITLE V | <input type="checkbox"/> DELETE | 6.1 TITLE V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BOTTS, RICHARD E. | | 6.2 NAME BOTTS, RICHARD E. | |
| STREET ADDRESS TWO PERIMETER PARK SOUTH | | 6.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY | |
| CITY-STATE-ZIP BIRMINGHAM AL | | 6.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243 | |

14. I do 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 in changed or on an addition with an address.

SIGNATURE: Richard E. Botts RICHARD E. BOTTS 5/5/97 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)