

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21960

1. Entity Name

DOCTORS' HOME HEALTH, INC.

Principal Place of Business

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243  
US

Mailing Address

PO BOX 380546  
BIRMINGHAM AL 35238-0546  
US

2. Principal Place of Business

One HealthSouth Parkway

3. Mailing Address

P. O. Box 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Birmingham, Alabama

City & State

Birmingham, Alabama

Zip

35243

Country

US

Zip

35238

Country

US

4. FEI Number

59-2587290

Applied For

Not Applicable

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

Date

3/20/00

Daytime Phone #

205-967-7116

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

na1960

Attachment  
00046570

*Doctors' Home Health, Inc.  
FID # 59-2587290  
Document # M21960  
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*