

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21960

1. Entity Name

DOCTORS' HOME HEALTH, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90344 048 \*\*\*150.00

Principal Place of Business

ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243  
US

Mailing Address

PO BOX 380546  
BIRMINGHAM AL 35238  
US

00042302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

AL

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's 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, 2001 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	COBD	<input type="checkbox"/> Delete
NAME	SCRUSHY, RICHARD	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMSON, ROBERT E	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY- ST- ZIP	BIRMINGHAM AL 35243	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HALE, BRANDON O	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY- ST- ZIP	BIRMINGHAM AL 35243	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MICHAEL D.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY- ST- ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTS, RICHARD E.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

\*SEE ATTACHED LIST\*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD.COBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard M. Scrushy	
STREET ADDRESS	One HealthSouth Pkwy	
CITY- ST- ZIP	Birmingham, AL 35243	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Thomson	
STREET ADDRESS	One HealthSouth Parkway	
CITY- ST- ZIP	Birmingham, AL. 35243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William W. Horton	
STREET ADDRESS	One HealthSouth Pkwy	
CITY- ST- ZIP	Birmingham, AL. 35243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V.T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William T. Owens	
STREET ADDRESS	One HealthSouth Pkwy	
CITY- ST- ZIP	Birmingham, AL 35243	

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*

Richard E. Botts

Date

4/16/01

205-967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)

**DOCTORS' HOME HEALTH, INC.**

**FID#: 59-2587290**

**DOCUMENT #: M21960**

List of Officers and Directors

Attachments  
# M21960  
D0042902

Richard M. Scrushy, Chairman of the Board, President and Director  
Brandon O. Hale, Vice President, Secretary and Director  
William T. Owens, Vice President, Treasurer and Director  
Robert E. Thomson, Vice President-Inpatient  
Larry D. Taylor, Vice President-O.P. East  
Patrick A. Foster, Vice President-O.P. West  
William W. Horton, Vice President and Assistant Secretary  
C. Drew Demaray, Vice President and Assistant Secretary  
Beall D. Gary, Jr., Vice President and Assistant Secretary  
Richard E. Botts, Vice President  
Malcolm E. McVay, Vice President and Assistant Treasurer  
Catherine N. Fowler, Vice President, Assistant Treasurer and Assistant Secretary

All addresses c/o  
HEALTHSOUTH Corporation  
One Healthsouth Parkway  
Birmingham, Alabama 35243  
Telephone (205) 967-7116