

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90343 002 \*\*\*150.00

**DOCUMENT # M21961**

1. Entity Name

**DOCTORS' MEDICAL EQUIPMENT CORPORATION**

Principal Place of Business

**ONE HEALTHSOUTH PARKWAY  
 BIRMINGHAM AL 35243  
 US**

Mailing Address

**P.O. BOX 380546  
 BIRMINGHAM AL 35238  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2587293**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SCRUSHY, RICHARD M</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.D.P.</b> <b>Richard M. Scrushy</b> <b>One HealthSouth Pkwy.</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>HALE, BRANDON O</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b>	<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	<b>P</b> <b>THOMSON, ROBERT E</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Robert E. Thomson</b> <b>One HealthSouth Pkwy.</b> <b>Birmingham, AL 35423</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARTIN, MICHAEL D.</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL 35243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.D.T.</b> <b>William T. Owens</b> <b>One HealthSouth Pkwy.</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOTTS, RICHARD E.</b> <b>ONE HEALTHSOUTH PARKWAY</b> <b>BIRMINGHAM AL</b>	<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	<b>*SEE ATTACHED LIST*</b>				

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:

*Richard E. Botts*

**Richard E. Botts**

*4/17/01*

**(205)967-7116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

**DOCTORS' MEDICAL EQUIPMENT CORPORATION**

**FID#: 59-2587293**

**DOCUMENT #: M21961**

List of Officers and Directors

#1721961

D0042899

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