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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M48794 (5)
1. Corporation Name
CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

6001 INDIAN SCH RD
ALBUQ. NM 87110
US

6001 INDIAN SCHOOL RD
ALBUQ. NM 87110
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1987

4. FEI Number

58-1764895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 ONE HEALTHSOUTH PARKWAY

Suite, Apt. #, etc.

22

City & State

23 BIRMINGHAM, AL

Zip

24 35243

Country

25 US

2a. Mailing Address

26 P O BOX 380546

Suite, Apt. #, etc.

27

City & State

28 BIRMINGHAM, AL

Zip

29 35238

Country

30 UA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MISITANO, ANTHONY F	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOT, NEAL M	
STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, CHARLES H	
STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	SHCOFIELD, ERNEST A	
STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WARRICK, DOUG	
STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STINSON, ED	
STREET ADDRESS	600 WILSON	
CITY-ST-ZIP	MECHANICSBURG PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCRUSHY, RICHARD M.	
1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENNETT, JAMES, P	
2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
3.1 TITLE	D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TANNER, ANTHONY J.	
3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
4.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARTIN, MICHAEL D.	
4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOTTS, RICHARD E.	
5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BROWN, P. DARYL	
6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Richard E. Botts

RICHARD E. BOTTS

7/27/98

(205) 267-7116

CP2E034 (10/97)

Continental Medical Systems of Florida, Inc.
FEI# 58-1764895
1998 Florida Profit Corporation Annual Report
List of Officers and Directors

Officers:

Richard M. Scrushy, Chairman of the Board
James P. Bennett, President
Michael D. Martin, Vice President and Treasurer
Anthony J. Tanner, Vice President and Secretary
P. Daryl Brown, Vice President
Robert E. Thomson, Vice President
William T. Owens, Vice President
William W. Horton, Vice President and Assistant Secretary
Beall D. Gary, Jr., Vice President and Assistant Secretary
C. Drew Demaray, Vice President and Assistant Secretary
Richard E. Botts, Vice President
Stacy H. Pulliam, Vice President, Assistant Treasurer and Assistant Secretary

Directors:

Richard M. Scrushy
James P. Bennett
Anthony J. Tanner

All address c/o
HEALTHSOUTH Corporation
One HEALTHSOUTH Parkway
Birmingham, Alabama 35243