

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91497 018 ***150.00

DOCUMENT # M48794

1. Entity Name
CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC.

Principal Place of Business

ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243
US

Mailing Address

P O BOX 390546
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

58-1764895

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
1200 S. PINE ISLAND ROAD
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, 2002 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 **CDP** ☐ Delete
NAME **SCRUSHY, RICHARD M**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **C/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **HALE, BRANDON O**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **OWENS, WILLIAM T**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **THOMPSON, ROBERT E**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V/T** ☐ Change ☒ Addition
NAME **MALCOLM E. MCVAY**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

TITLE **V** ☐ Delete
NAME **BOTTS, RICHARD E**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **TAYLOR, LARRY D**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts-VP

Date

Daytime Phone #

CR2E034 (9/01)