


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91884 038 \*\*\*150.00

0644985 AT

<b>DOCUMENT #</b> P00000014059	
<b>1. Entity Name</b> HEALOTHSOUTH OF NAPLES, INC.	

<b>Principal Place of Business</b> ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243	<b>Mailing Address</b> ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	PO Box 380546
City & State	Suite, Apt. #, etc.
City & State	City & State
Birmingham, AL	Birmingham, AL
Zip	Country
35243	



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 63-1244180	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

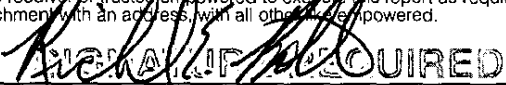
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC SCRUSHY, RICHARD M ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Joel C. Gordon One HealthSouth Parkway Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OWENS, WILLIAM T ONE HEALTH SOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert P. May One HealthSouth Parkway Birmingham, AL 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HALE, BRANDON O ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 <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	V BOTTS, RICHARD E ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <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	V TAYLOR, LARRY ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <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	VPD FOSTER, PARICK A ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.**

**SIGNATURE:**  **Richard E. Botts, VP** 4/30/03 (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)