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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P02374** **(7)**

1. Corporation Name
HEALTHSOUTH REHABILITATION CORPORATION

Principal Place of Business	Mailing Address
TWO PERIMETER PARK SOUTH 224W BIRMINGHAM AL 35243 US	P.O. BOX 380548 BIRMINGHAM AL 35238-0548 US

2. Principal Place of Business	2a. Mailing Address
21 ONE HEALTHSOUTH PARKWAY	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BIRMINGHAM, AL	City & State 28
Zip / Country 24 35243 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/12/1984	3a. Date of Last Report 04/25/1996
4. FEI Number 63-0860407	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CBD ☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCRUSHY, RICHARD M	1.2 NAME		
STREET ADDRESS	TWO PERIMETER PARK SOUTH	1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BRIMINGHAM AL 35243	1.4 CITY-ST-ZIP		
TITLE	V ☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BOTTS, RICHARD E.	2.2 NAME		
STREET ADDRESS	TWO PERIMETER PARK, S.	2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VPSD ☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TANNER, ANTHONY	3.2 NAME		
STREET ADDRESS	TWO PERIMETER PARK SOUTH	3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BRIMINGHAM AL 35243	3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VPTD ☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BEAM, AARON J	4.2 NAME		
STREET ADDRESS	TWO PERIMETER PARK SOUTH	4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BRIMINGHAM AL 35243	4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	P ☐ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BENNETT, JAMES P	5.2 NAME		
STREET ADDRESS	TWO PERIMETER PARK SOUTH	5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BRIMINGHAM AL 35243	5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	SVPT ☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	OWENS, WILLIAM T	6.2 NAME		
STREET ADDRESS	TWO PERIMETER PARK SOUTH	6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BRIMINGHAM AL 35243	6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

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14. I do 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 4/23/97 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475804