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May 13 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 # P02374 (7)
1. Corporation Name
HEALTHSOUTH REHABILITATION CORPORATION



Principal Place of Business: ONE HEALTHSOUTH PKWY 224W BIRMINGHAM AL 35243 US
Mailing Address: P.O. BOX 380546 BIRMINGHAM AL 32538 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 ONE HEALTHSOUTH PARKWAY
22 Suite, Apt. #, etc.
23 BIRMINGHAM, AL
24 35243 25 US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 06/12/1984
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M	1.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTS, RICHARD E.	2.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	VPSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, ANTHONY	3.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	VO	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAM, AARON J	4.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	BRIMINGHAM AL	4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	PO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES P	5.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, WILLIAM T	6.2 NAME	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	6.4 CITY-ST-ZIP	

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 appointed 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 in an attachment with my address.

SIGNATURE: *Richard E. Botts* RICHARD E. BOTTS 4/29/98 (205) 267-7116

CR2E034 (10/97)