

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10581 (7)

1. Corporation Name

HEALTHSOUTH MEDICAL CENTER, INC.



Principal Place of Business

1201 11TH AVENUE SOUTH
BIRMINGHAM AL 35205
US

Mailing Address

P O BOX 380546
BIRMINGHAM FL 35238
US

3. Date Incorporated or Qualified

06/26/1986

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

63-0872396

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

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 CD ☐ DELETE
NAME SCRUSHY, RICHARD M
STREET ADDRESS TWO PERIMETER PARK SOUTH
CITY-ST-ZIP BIRMINGHAM AL

TITLE SD ☐ DELETE
NAME TANNER, ANTHONY J.
STREET ADDRESS 2 PERIMETER PARK SOUTH
CITY-ST-ZIP BIRMINGHAM AL

TITLE VD ☐ DELETE
NAME BEAM, AARON, JR.
STREET ADDRESS 2 PERIMETER PARK SOUTH
CITY-ST-ZIP BIRMINGHAM AL

TITLE P ☐ DELETE
NAME BENNETT, JAMES P.
STREET ADDRESS TWO PERIMETER PARK SOUTH
CITY-ST-ZIP BIRMINGHAM AL

TITLE V ☐ DELETE
NAME DEVANE, DENIS
STREET ADDRESS 2 PERIMETER PARK S.
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 35243

2.1 TITLE V/S/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/T/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 35243

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 35243

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Michael D. Martin
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 35243

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Richard E. Botts
6.3 STREET ADDRESS Two Perimeter Park South
6.4 CITY-ST-ZIP Birmingham, AL 35243

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

(205) 967-7116

Daytime Phone #

CR2E034 (12/95)