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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 35296-0546
US



3. Date Incorporated or Qualified
06/26/1986

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 BIRMINGHAM, AL

29 Zip

Country

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TANNER, ANTHONY J.	
STREET ADDRESS	2 PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BEAM, AARON, JR.	
STREET ADDRESS	2 PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, JAMES P.	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D.	
STREET ADDRESS	2 PERIMETER PARK S.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOTTS, RICHARD E.	
STREET ADDRESS	TWO PERIMETER PARK SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243

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 in an attachment with an address.

SIGNATURE:

Richard E. Botts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. BOTTS

4/23/97

(205) 967-7116

Date

Daytime Phone

CR2E034 (9/96)