

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90109 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P10581**

1. Entity Name

**HEALTHSOUTH MEDICAL CENTER, INC.**

Principal Place of Business

**1201 11TH AVENUE SOUTH  
 BIRMINGHAM AL 35205  
 US**

Mailing Address

**P O BOX 380546  
 BIRMINGHAM AL 35238-0546  
 US**

2. Principal Place of Business

**One HealthSouth Parkway**

3. Mailing Address

**P. O. Box 380546**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Birmingham, Alabama**

City & State

**Birmingham, Alabama**

4. FEI Number

**63-0872396**

Applied For

Not Applicable

Zip  
**35243**

Country  
**US**

Zip  
**35238**

Country  
**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 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.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SCRUSHY, RICHARD M ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD TANNER, ANTHONY J. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BROWN, P. DARYL ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BENNETT, JAMES P. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT MARTIN, MICHAEL D. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BOTTS, RICHARD E. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL</b> <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	<b>VP,S,D Brandon O. Hale One HealthSouth Parkway Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Robert E. Thomson One HealthSouth Parkway Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Malcolm E. McVay One HealthSouth Parkway Birmingham, AL 35243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

**Richard E. Botts**

**3/20/00**

**(205) 967-7116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10581

Attachment  
00040405

*HealthSouth Medical Center, Inc.*

*FID # 63-0872396*

*Document # P10581*

*Officers & Directors*

*Officers:*

*Richard M. Scrushy*

*P. Daryl Brown*

*Patrick A. Foster*

*Robert E. Thomson*

*James P. Bennett*

*Malcom E. McVay*

*Brandon O. Hale*

*William T. Owens*

*William W. Horton*

*C. Drew Demaray*

*Richard E. Botts*

*Beall D. Gary, Jr.*

*Chairman of the Board*

*President HEALTHSOUTH Outpatient Division - East*

*President HEALTHSOUTH Outpatient Division - West*

*President - Inpatient Division*

*Vice President*

*Treasurer*

*Vice President, Secretary*

*Executive Vice President & CFO*

*Vice President, Assistant Secretary*

*Vice President, Assistant Secretary*

*Vice President*

*Vice President, Assistant Secretary*

*Directors:*

*Richard M. Scrushy*

*James P. Bennett*

*Brandon O. Hale*

*All addresses c/o:*

*HEALTHSOUTH Corporation*

*One HealthSouth Parkway*

*Birmingham, Alabama 35243*