## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P14080**

1. Entity Name

## HORIZON/CMS HEALTHCARE CORPORATION

Principal Place of Business

Mailing Address

HEALTHSOUTH PARKWAY ----- AL 35243

P.O. BOX 380546

BIRMINGHAM AL 35238-0546

## **FILED** May 18, 2000 8:00 am Secretary of State 05-18-2000 90313 006 \*\*\*150.00



2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SF	PACE	
City & State		City & State			4. FEI Number 91-1346899		Applied For Not Applicable	
Zip	Country	Zip	Country	-	5. Certificate of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current F	legistered Agent	<u>'                                    </u>		7. Name and Address of New Re	istered Aç	gent	
			Na	ame				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			St	Street Address (P.O. Box Number is Not Acceptable)				
			Ci	ty		FL	Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its	registered of	fice or registered	agent, or both, in the State of Flori	a.		
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent as	nd title if applicable (NOTI	E: Registered Ager	nt signature required wh	nen reinstating)	DATE		<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to Do			00 Fee will	be \$550.00	<b>10.</b> Election Campaign Final Trust Fund Contribution.		Added	May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTORS	31N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCRUSHY, RICHARD 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANNER, ANTHONY J 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	🛣 Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS 1 HE	DON O. HALE ALTHSOUTH PARKWAY INGHAM, AL 35243		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, MICHAEL D 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	<b>½</b> Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS	Photing, in 33243		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, JAMES P 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWENS, WILLIAM T 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	☐ Delete	TITLE NAME STREET AD CITY-ST-2				K Change	☐ Addition
13. I hereby indicated of the co-	certify that the information supplied with d on this report or supplemental report is propration or the receiver or trustee phoods, or on an attachment with an applices, w	this filing does not qualify for true and accurate and that i wered of execute this repor- ith all other the empowers	or the exempti my signature as required to	on stated in Sect shall have the sa by Chapter 607, I	ion 119.07(3)(i), Florida Statutes. I i me legal effect as if made under oa Florida Statutes; and that my name	urther certi ith; that I ar appears in	fy that the in n an officer Block 11 or	iformation or director Block 12 if

SIGNATURE: