

4-10-95 133700
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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 AM 11:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P17916 (8)

1. Corporation Name

HEALTHSOUTH REHABILITATION OF FLORIDA, INC.

Principal Place of Business

**901 NORTH CLEARWATER
LARGO RD
LARGO FL 34640**

Mailing Address

**P.O. BOX 380546
BIRMINGHAM AL 35238
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

03/21/1994

4. FEI Number

63-0974714

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

2. Principal Place of Business

21 Two Perimeter Park South

2a. Mailing Address

25 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Birmingham, AL

City & State

28

Zip

24 35243

Country

25 USA

Zip

29

Country

30

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
SCRUSHY, RICHARD M.
TWO PERIMETER PARK SOUTH
BIRMINGHAM AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
BEAM, AARON
TWO PERIMETER PARK SOUTH
BIRMINGHAM AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VDS
TANNER, ANTHONY J.
TWO PERIMETER PARK SOUTH
BIRMINGHAM AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BENNETT, JAMES P.
TWO PERIMETER PARK SOUTH
BIRMINGHAM AL 35243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(b), 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 AND DIRECTOR

Aaron Beam, Jr., Vice President & Treasurer

3/21/95

Date

(205)967-7116

Telephone Number