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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

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May 16 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P17916

(8)

HEALTHSOUTH REHABILITATION OF FLORIDA, INC.

						1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address This accuracy DADY SOUTH DAY SOUTH					***************************************	****** ****** ***** ***** **** **	
TWO PERIMETER PARK SOUTH P.O. BOX 380546 BIRMINGHAM AL 35239 BIRMINGHAM AL 35239-0546							
US		U\$			3. Date incorporated or Qualified 02/05/1988	3a. Date of Last F 04/09/1996	Report
2. Principal F	Place of Business	2a. Marting Address			4. FEI Number		oplied For
21 ONE H	EALTHSOUTH PARKWAY	26			63-0974714	———·	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	4	Additional equired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
	BIRMINGHAM, AL 28				Trust Fund Contribution	73797889997	to Fees
Žip	<u> </u>		Countr	у	8. This corporation has liability for intangible tax under s. 199.032,		
24 35243	25	29	30]	·	Florida Statutes K	Yes No	· · · <u> </u>
	9. Name and Address of Current	Registered Agent		T N.	10. Name and Address of New Reg	Jistered Agent	
	CORPORATION SYSTEM		81	Name			
1200 S. PINE ISLAND ROAD				Street Ad	dress (P.O. Box Number is Not Acceptable)		
PU	INTATION FL 33324		83	 			
			0.3]			
			84	City		85 Zip	Code
		1.002.41.00.51		ļ	orporation submits this statement for the pration's board of directors. I hereby accep	<u></u>	
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AND		DIE Registered Ar	ent signature rec	quied when remotaling) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	CO	DELETE	11 11111	1	COBD	XX Change	Addition
NAME	SCRUSHY, RICHARD M.		1.2 NAME		SCRUSHY, RICHARD M.		
STREET ADDRESS	TWO PERIMETER PARK SOUTI	Н	1,3 \$TREE	I	NE HEALTHSOUTH PARKWAY	Z	
CITY-ST-ZIP	BIRMINGHAM AL		1,4 CiTy -	I	BIRMINGHAM, AL 35243	-	
TITLE	VID	DELETE	2.1 101.6	V	'TD	XX Change	Addition
NAME	BEAM, AARON		2.2 NAME		BEAM, AARON		
STREET ADDRESS	TWO PERIMETER PARK SOUTI	H	2.3 \$TREE	1 ADDRESS C	NE HEALTHSOUTH PARKWAY	?	
CITY-ST-ZIP	BIRMINGHAM AL		2 4 CHY	S1-70?	BIRMINGHAM, AL 35243		
TITLE	VDS	☐ DELF1E	3.1 11111	L.	DS	XX Change	Addition
NAME	TANNER, ANTHONY J.		3.2 NAME	I .	CANNER, ANTHONY J.		
STREET ADDRESS	TWO PERIMETER PARK SOUTI	Н	3.3 \$1AFE		NE HEALTHSOUTH PARKWAY	[
CITY-ST-ZIP	BIRMINGHAM AL		3.4. C(1Y-	ST-ZIP B	IRMINGHAM, AL 35243		
TITLE	P	☐ DELETE	4.1 TILLE	P		XX Change	Addition
NAME	BENNETT, JAMES P.		4. 2 NAME	P	BENNETT, JAMES P.		
STREET ADDRESS	TWO PERIMETER PARK SOUTI	Н	4.3 \$1REE		NE HEALTHSOUTH PARKWAY	<u>r</u>	
CITY-ST-ZIP	BIRMINGHAM AL 35243		44 ÇIIY-	S1-ZIP B	IRMINGHAM, AL 35243		
TITLE	V	DETFTE	511011	V		XX Change	Addition
NAME	MARTIN, MICHAEL D.		5 2 NAME	M	ARTIN, MICHAEL D.		
STREET ADDRESS	TWO PERIMETER PARK SOUTI	H, STE 224W	5.3 STREE		NE HEALTHSOUTH PARKWAY	<u>,</u>	
CITY-ST-ZIP	BIRMINGHAM AL		5.4 ÇI1Y -		IRMINGHAM, AL 35243		
TITLE	V	☐ DELE1€	6.1 TILLE	l v	•	XX Change	Addition
NAME	OWENS, WILLIAM T.		6.2 NAME	lò	WENS, WILLIAM T.		
	THE DEDIMETED DADY COLD	U OTE GOAM	I '	ما	NE IIDAT MITOCHELL BARRES	_	

14. If do hereby cortify 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 eath; 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 the attachment with maddress.

RICHARD R. BOTTS