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Secretary of State

03-22-1999 90111 018 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22313

1. Corporation Name
CMS THERAPIES PROVIDER, INC.



Principal Place of Business

**1 HEALTHSOUTH PKWY
BIRMINGHAM AL 35243
US**

Mailing Address

**PO BOX 380546
BIRMINGHAM AL 35238**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1988

4. FEI Number

56-1554818

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **29** **30**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 **PD** *SEE ATTACHED LIST ☐ DELETE

NAME **RICHARD SCRUSHY**
STREET ADDRESS **1 HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **V** ☒ DELETE

NAME **DOUG WARE**
STREET ADDRESS **800 HORIZON BLVD NEX**
CITY-ST-ZIP **ALBUQUERQUE NM 87113**

TITLE **S** ☐ DELETE

NAME **BILL HORTON**
STREET ADDRESS **1 HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **T** ☐ DELETE

NAME **MIKE MARTIN**
STREET ADDRESS **1 HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

NAME **JAMES P. BENNETT**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD SCRUSHY** **BOOTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

(205) 967-7116

Date

Daytime Phone #

CR2E034 (11/98)

250391-9011-18
P22313

CMS THERAPIES PROVIDER, INC.

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List of Officers and Directors

Officers:

Richard M. Scrushy – Chairman of the Board

James P. Bennett - President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

P. Daryl Brown – Vice President

Robert E. Thomson – Vice President

William T. Owens – Vice President

William W. Horton – Vice President and Assistant Secretary

Beall D. Gary, Jr. – Vice President and Assistant Secretary

C. Drew Demaray – Vice President and Assistant Secretary

Richard E. Botts – Sr. Vice President

Stacy H. Pulliam – Vice President, Assistant Treasurer and Assistant Secretary

Directors:

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

Michael D. Martin

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243