

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91498 045 ***150.00

DOCUMENT # P32928

1. Entity Name

CMS REHABILITATION CENTER OF HIALEAH, INC.

Principal Place of Business

**ONE HEALTHSOUTH PKWY
 BIRMINGHAM AL 35243
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1650792

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 ☐ Delete
PDC
SCRUSHY, RICHARD M
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME ☒ Change ☐ Addition
C/D

TITLE NAME ☐ Delete
VSD
HALE, BRANDON O
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
VTD
OWENS, WILLIAM T
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME ☒ Change ☐ Addition
P/D

TITLE NAME ☒ Delete
V
THOMSON, ROBERT E
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME ☐ Change ☒ Addition
V/T
MALCOLM E. MCVAY
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM, AL 25243**

TITLE NAME ☐ Delete
V
BOTTS, RICHARD E
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
V
TAYLOR, LARRY D
 STREET ADDRESS **ONE HEALTHSOUTH PKWY**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE NAME ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Richard E. Botts-VP

Date

Daytime Phone #

4/29/02 205-967-7116

CR2E034 (9/01)