

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36700** (3)
1. Corporation Name
HEALTHSOUTH DOCTORS' HOSPITAL, INC.



Principal Place of Business C/O HEALTHSOUTH REHABILITATION CORPORATION 5000 UNIVERSITY DRIVE CORAL GABLES FL 33146	Mailing Address P.O. BOX 360546 5000 UNIVERSITY DRIVE BIRMINGHAM AL 35238-0546 US
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2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc. 22 City & State 23 BIRMINGHAM, AL Zip 24 35243	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified 12/17/1991	3a. Date of Last Report 04/24/1996
4. FEI Number 63-1059136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE CD	<input type="checkbox"/> DELETE
NAME SCRUSHY, RICHARD M.	
STREET ADDRESS TWO PERIMETER PARK SOUTH	
CITY-STATE-ZIP BIRMINGHAM AL	
TITLE VTD	<input type="checkbox"/> DELETE
NAME BEAM, AARON, JR.	
STREET ADDRESS TWO PERIMETER PARK SOUTH	
CITY-STATE-ZIP BIRMINGHAM AL	
TITLE VSD	<input type="checkbox"/> DELETE
NAME TANNER, ANTHONY J.	
STREET ADDRESS TWO PERIMETER PK SOUTH	
CITY-STATE-ZIP BIRMINGHAM AL	
TITLE P	<input type="checkbox"/> DELETE
NAME BENNETT, JAMES P.	
STREET ADDRESS TWO PERIMETER PARK SOUTH	
CITY-STATE-ZIP BIRMINGHAM AL	
TITLE V	<input type="checkbox"/> DELETE
NAME MARTIN, MICHAEL D.	
STREET ADDRESS TWO PERIMETER PARK S	
CITY-STATE-ZIP BIRMINGHAM AL	
TITLE V	<input type="checkbox"/> DELETE
NAME BOTTS, RICHARD E.	
STREET ADDRESS TWO PERIMETER PARK SOUTH	
CITY-STATE-ZIP BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE COBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SCRUSHY, RICHARD	
1.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
1.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243	
2.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BEAM, AARON, JR.	
2.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
2.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243	
3.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME TANNER, ANTHONY J.	
3.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
3.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243	
4.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME BENNETT, JAMES P.	
4.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
4.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243	
5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME MARTIN, MICHAEL D.	
5.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
5.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243	
6.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME BOTTS, RICHARD E.	
6.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
6.4 CITY-STATE-ZIP BIRMINGHAM, AL 35243	

14. I do 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.

SIGNATURE: Richard E. Botts RICHARD E. BOTTS 5/16/97 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)