FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # P36700 1. Entity Name HEALTHSOUTH DOCTORS' HOSPITAL, INC. DO NOT WRITE IN THIS SPACE					05-04-2004 90174 018 ***150.00 14020633				
ONE HEALT	HSOUTH PARKWAY	P.O. BOX 380546							
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number			Applied For	
BIRMINGHAM, AL		BIRMINGHAM, AL		63-1059136				Not Applicable	
Zíp	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional				
35243	US	35243	US	, <u> </u>				Fee Req	
DO NOT WRITE IN THIS SPACE				Name CT CO	7. Name and Address of Current Registered Agent ORPORATION s (P.O. Box Number is Not Acceptable)				
						SLAND ROAD			
				PLANTATI	ON FL Zip.Code 333324				
accept the ob-	imed entity submits this statem oligations of registered agent. ignature, typed or printed of registere			istered office or reg			te of Florida.	l am famil	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							.00 May Be ded to Fees		
STREET ADDRES	OFFICERS AND DIRECTORY ON, JOEL C S ONE HEALTHSOUTH SIRMINGHAM, AL 352	PARKWAY	NA ST CI	TLE AME REET ADDRESS TY - ST - ZIP					CD25034B (43)00
NAME SANSONE, GUY STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243				AME REET ADDRESS TY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	! !			
NAME MAY, ROBERT P STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243				LE AME REET ADDRESS IY - ST - ZIP	DO NOT WRITE				
NAME DOODY, GREG L STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243				ILE AME REET ADDRESS IY - ST - ZIP	IN	THIS S	SPAC	E,	,
TITLE V NAME BRIAN M. MENKE STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243				TLE AME REET ADDRESS TY - ST - ZIP					
NAME TAYLOR, LARRY D STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM, AL 35243				LE ME REET ADDRESS IY - ST - ZIP				. :	
12. I hereby cert indicated on of the corpor attachment w	ify that the information supplied wi this report or supplemental apport ration or the receiver of dustee an ith an address with at the like empli	th this filing does not qualificative and accurate and the powered to execute this representative.	at my signatu aport as requi	re shall have the s red by Chapter 607	ection 119.07 ame legal eff 7, Florida Sta	(3)(i), Florida Statutes ect as if made unde tutes; and that my i	r oath; that I in ame appears	am an offi in Block 1	icer or director
SIGNATU		BRIAN PRINTED NAME OF SIGNING	M. MENI			4/22/04 Date		967-7: Daytime Pho	

P36700 14020633

ANNUAL LIST OF OFFICERS

Patrick A. Foster

Vice President

Karen G. Davis

Vice President

C. Drew Demaray

Vice President and Assistant Secretary

Beall D. Gary, Jr.

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All Addresses c/o
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Birmingham, AL 35243
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