

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90140 044 ***150.00

064953 AT

DOCUMENT # P36700

1. Entity Name
HEALTHSOUTH DOCTORS' HOSPITAL, INC.



Principal Place of Business
**ONE HEALTHSOUTH PARKWAY
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 **63-1059136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SCRUSHY, RICHARD M
ONE HEALTHSOUTH
BIRMINGHAM AL 35243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Joel C. Gordon
One HealthSouth Parkway
Birmingham, AL 35243** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MCVAY, MALCOLM E
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Robert P. May
One HealthSouth Parkway
Birmingham, AL 35243** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
William W. Horton
One HealthSouth Parkway
Birmingham, AL 35243** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
C. Drew Demaray
One HealthSouth Parkway
Birmingham, AL 35243** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard E. Botts, VP 4/30/03 (205)967-7116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)