


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

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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36934** (8)
1. Corporation Name
CMS SOUTH MIAMI REHAB, INC.

Principal Place of Business
**% TAX DEPARTMENT
P.O. BOX 715
MECHANICSBURG PA 17055-0715**

Mailing Address
**6001 INDIAN SCHOOL ROAD
ALBUQUERQUE NM 87110
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc.		2a. Mailing Address 26 P O BOX 380546 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/03/1992	
22 City & State 23 BIRMINGHAM, AL Zip 24 35243 Country 25 US		27 City & State 28 BIRMINGHAM, AL Zip 29 35238 Country 30 US		4. FEI Number 25-1671856 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIOT, NEAL M		1.2 NAME SCRUSHY, RICHARD, M.	
STREET ADDRESS 6001 INDIAN SCHOOL DR NE		1.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP ALBUQUERQUE NM		1.4 CITY-ST-ZIP BIRMINGHAM, AL 35243	
TITLE SVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GONZALEZ, CHARLES H		2.2 NAME BENNETT, JAMES P.	
STREET ADDRESS 6001 INDIAN SCHOOL DE NE		2.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP ALBUQUERQUE NM		2.4 CITY-ST-ZIP BIRMINGHAM, AL 35243	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MISITANO, ANTHONY		3.2 NAME TANNER, ANTHONY J.	
STREET ADDRESS 600 WILSON LANE, BOX 715		3.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP MECHANICSBURG PA		3.4 CITY-ST-ZIP BIRMINGHAM, AL 35243	
TITLE VPS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHOFIELD, ERNEST A		4.2 NAME MARTIN, MICHAEL D.	
STREET ADDRESS 6001 INDIAN SCHOOL DR NE		4.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP ALBUQUERQUE NM		4.4 CITY-ST-ZIP BIRMINGHAM, AL 35243	
TITLE VPS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAUDER, SCOT		5.2 NAME BOTTS, RICHARD E.	
STREET ADDRESS 6001 INDIAN SCHOOL RD NE		5.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP ALBUQUERQUE NM		5.4 CITY-ST-ZIP BIRMINGHAM, AL 35243	
TITLE VPT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARRICK, DOUG		6.2 NAME BROWN, P. DARYL	
STREET ADDRESS 6001 INDIAN SCHOOL RD NE		6.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP ALBUQUERQUE NM		6.4 CITY-ST-ZIP BIRMINGHAM, AL 35243	

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 in an attachment with an address.

SIGNATURE:

Richard E. Botts

VICE PRESIDENT

2/27/98 (205) 967-7116

CR2E034 (10/97)

CMS South Miami Rehabilitation Inc.

FEI #- 25-1671856

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 – Vice President

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

Directors:

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243