

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90070 014 \*\*\*150.00

**DOCUMENT # P36934**

1. Entity Name

**CMS SOUTH MIAMI REHAB, 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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **25-1671856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2001 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	DC	<input type="checkbox"/> Delete
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	P.D.C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard M. Scrushy	
STREET ADDRESS	One HealthSouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMSON, ROBERT E	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Thomson	
STREET ADDRESS	One HealthSouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	HALE, BRANDON O	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input type="checkbox"/> Delete
NAME	OWENS, WILLIAM T	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	V.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William T. Owens	
STREET ADDRESS	One HealthSouth Pkwy.	
CITY-ST-ZIP	Birmingham, - AL 35243	

TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTS, RICHARD E	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, P D	
STREET ADDRESS	ONE HEALTHSOUTH PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry D. Taylor	
STREET ADDRESS	One HEalthSouth Pkwy.	
CITY-ST-ZIP	Birmingham, AL 35243	

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 all officers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

Date

4/17/01

Daytime Phone #

(205) 967-7116

0565201

CR2E034 (10/00)

**CMS SOUTH MIAMI REHAB, INC.**

**FID#: 25-1671856**

**DOCUMENT #: P36934**

List of Officers and Directors

*Blackburn*  
#P36934  
D0042480

Richard M. Scrushy, Chairman of the Board, President and Director

Brandon O. Hale, Vice President, Secretary and Director

William T. Owens, Vice President, Treasurer and Director

Robert E. Thomson, Vice President-Inpatient

Larry D. Taylor, Vice President-O.P. East

Patrick A. Foster, Vice President-O.P. West

William W. Horton, Vice President and Assistant Secretary

C. Drew Demaray, Vice President and Assistant Secretary

Beall D. Gary, Jr., Vice President and Assistant Secretary

Richard E. Botts, Vice President

Malcolm E. McVay, Vice President and Assistant Treasurer

Catherine N. Fowler, Vice President, Assistant Treasurer and Assistant Secretary

All addresses c/o

HEALTHSOUTH Corporation

One Healthsouth Parkway

Birmingham, Alabama 35243

Telephone (205) 967-7116