## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P38529** Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** HSC OF VERO BEACH, INC. 02-28-2000 90065 016 \*\*\*150.00 Mailing Address Principal Place of Business ONE HEALTHSOUTH PARKWAY P.O. BOX 380546 BIRMINGHAM AL 35243 BIRMINGHAM AL 35238-0546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 62-1491963 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. Addition **CEO** Change TITLE ☐ Delete TITLE SCRUSHY, RICHARD M NAME NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** Change ☐ Addition ☐ Delete **TITLE** TITLE FOSTER, PATRICK A NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BIRMINGHAM AL 35243** ☐ Change ☐ Addition TITLE Delete TITLE **BOTTS, RICHARD E** NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP -BIRMINGHAM-AL 35243 vsd X Change ☐ Addition TITLE Delete TITLE TANNER, ANTHONY J Brandon O. Hale NAME NAME STREET ADDRESS STREET ADDRESS ONE HEALTHSOUTH PARKWAY One HealthSouth Parkway CITY-ST-ZIP CITY-ST-7IP Birmingham, AL 35243 **BIRMINGHAM AL 35243** ☐ Change ☐ Delete TITLE ☐ Addition MARTIN, MICHAEL D NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** ☐ Change ☐ Addition ☐ Delete TITLE TITLE OWENS, WILLIAM T NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35243 13. I hereby certify that the information supplied with this fill g does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trusted empowered to execute this leave. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attaching

Richard E. Botts, Sr. Vice President 2/14/00 205-967 7116