## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 28, 2002 8:00 am Secretary of State DOCUMENT # P38529 1. Entity Name 05-28-2002 91497 026 \*\*\*150.00 HSC OF VERO BEACH, INC. Principal Place of Business Mailing Address ONE HEALTHSOUTH PARKWAY P.O. BOX 380546 BIRMINGHAM AL 35243 **BIRMINGHAM AL 35238** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 62-1491963 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT-CORPORATION SYSTEM == Street Address (P.O. Box Number is Not Acceptable) 1200 SO. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 cd(9/01)TITLE ☐ Delete TITLE X Change Addition NAME SCRUSHY, RICHARD M NAME CR2E034 STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME HORTON, WILLIAM W STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP Addition TITI F **VP** ☐ Delete TITLE ☐ Change NAME **BOTTS, RICHARD E** NAME STREET ADDRESS ONE.HEALTHSOUTH PARKWAY ... STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** Delete TITLE VSD TITLE ☐ Change Addition HALE, BRANDON O NAME NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP Delete De VT TITLE TITLE Change Addition 2 THOMPSON, ROBERT E NAME McVay, Malcolm E. One Healthsouth Pkwy. NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP Birmingham, ALC35243 **VP** TITLE ☐ Delete TITLE Change ☐ Addition OWENS, WILLIAM T NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS **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 empoyered 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 other like empoyered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RECRICHARD E. Botts 4/26/02