

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P39419**

1. Corporation Name

**CORAL SPRINGS-SC, INC.**

Principal Place of Business

**ONE HEALTH SOUTH PKWY.  
BIRMINGHAM AL 35243  
US**

Mailing Address

**ONE HEALTHSOUTH PKWY.  
BIRMINGHAM AL 35243  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** **P. O. BOX 380546**  
Suite, Apt. #, etc.

**27** City & State

**28** **BIRMINGHAM, AL**

**29** Zip **30** Country  
**35238** **USA**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**06/23/1992**

4. FEI Number

**62-1502727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

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

TITLE ☐ DELETE  
NAME **CD**  
STREET ADDRESS **SCRUSHY, RICHARD M.**  
CITY-ST-ZIP **ONE HEALTHSOUTH PKWY.  
BIRMINGHAM AL**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **FOSTER, PATRICK A**  
CITY-ST-ZIP **ONE HEALTHSOUTH PKWY.  
BIRMINGHAM AL 35243**

TITLE ☐ DELETE  
NAME **VPT**  
STREET ADDRESS **MARTIN, MICHAEL D**  
CITY-ST-ZIP **ONE HEALTHSOUTH PKWY.  
BIRMINGHAM AL 35243**

TITLE ☐ DELETE  
NAME **VPSD**  
STREET ADDRESS **TANNER, ANTHONY J.**  
CITY-ST-ZIP **ONE HEALTH SOUTH PKWY.  
BIRMINGHAM AL**

TITLE ☐ DELETE  
NAME **VPS**  
STREET ADDRESS **HORTON, WILLIAM W**  
CITY-ST-ZIP **ONE HEALTHSOUTH PKWY.  
BIRMINGHAM AL 35243**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **OWENS, WILLIAM T.**  
CITY-ST-ZIP **ONE HEALTH SOUTH PKWY.  
BIRMINGHAM AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address with all other like empowered. **SEE ATTACHMENT**

SIGNATURE:

**RICHARD E. BOTTS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD E. BOTTS, VP (205) 967-7116**

Date

Daytime Phone #

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90009 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)

546 146 4001-14  
P39419

***CORAL SPRINGS-SC, INC***

DOCUMENT: P39419

**List of Officers and Directors**

**Directors:**

Richard M. Scrushy

James P. Bennett

Anthony J. Tanner

**Officers:**

Richard M. Scrushy – Chairman of the Board

Partick A. Foster-President

Michael D. Martin – Vice President and Treasurer

Anthony J. Tanner – Vice President and Secretary

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 – Sr. Vice President

Leif M. Murphy – Vice President

All addresses c/o

HEALTHSOUTH Corporation

One HEALTHSOUTH Parkway

Birmingham, Alabama 35243