

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90031 006 ***150.00

DOCUMENT # P39419

1. Entity Name
CORAL SPRINGS-SC, INC.

Principal Place of Business ONE HEALTH SOUTH PKWY. BIRMINGHAM AL 35243 US	Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238-0546 US
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AVU11040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 62-1502727	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD	NAME SCRUSHY, RICHARD M.	TITLE	NAME
<input type="checkbox"/> Delete	STREET ADDRESS ONE HEALTHSOUTH PKWY.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
	CITY-ST-ZIP BIRMINGHAM AL		CITY-ST-ZIP
TITLE P	NAME FOSTER, PATRICK A	TITLE P	NAME Brown, Daryl P.
<input checked="" type="checkbox"/> Delete	STREET ADDRESS ONE HEALTHSOUTH PKWY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS One HealthSouth Parkway
	CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP Birmingham, AL 35243
TITLE VPT	NAME MARTIN, MICHAEL D	TITLE	NAME
<input type="checkbox"/> Delete	STREET ADDRESS ONE HEALTHSOUTH PKWY.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
	CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP
TITLE VPSD	NAME TANNER, ANTHONY J.	TITLE VS	NAME Hale, Brandon O.
<input checked="" type="checkbox"/> Delete	STREET ADDRESS ONE HEALTH SOUTH PKWY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS One HealthSouth Parkway
	CITY-ST-ZIP BIRMINGHAM AL		CITY-ST-ZIP Birmingham, AL 35243
TITLE VPS	NAME HORTON, WILLIAM W	TITLE	NAME
<input type="checkbox"/> Delete	STREET ADDRESS ONE HEALTHSOUTH PKWY.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
	CITY-ST-ZIP BIRMINGHAM AL 35243		CITY-ST-ZIP
TITLE VP	NAME OWENS, WILLIAM T.	TITLE VP	NAME Richard E. Botts
<input checked="" type="checkbox"/> Delete	STREET ADDRESS ONE HEALTH SOUTH PKWY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS One HealthSouth Parkway
	CITY-ST-ZIP BIRMINGHAM AL		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 other like empowered.

SIGNATURE: **Richard E. Botts, Sr. VP** **11/20/00** (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #