

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40234 (7)
1. Corporation Name
HSC OF BRADENTON, INC.



Principal Place of Business
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243
US

Mailing Address
P O BOX 380546
BIRMINGHAM AL 35238
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1504706	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCRUSCHY, RICHARD M		1.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		1.4 CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEAM, AARON J		2.2 NAME	D BENNETT, JAMES P.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANNER, ANTHONY J		3.2 NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTTA, RICHARD E.		4.2 NAME	BOTTS, RICHARD E.	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, MICHAEL		5.2 NAME	VT	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	P FOSTER, PATRICK A.	
STREET ADDRESS			6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

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 in an attachment with an address.

SIGNATURE:

Richard E. Botts

RICHARD E. BOTTS, VICE PRESIDENT

4/6/98

(205)967-7116

CR2E034 (10/97)