

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P41130 (6)

1. Corporation Name

SHC PALMS WELLINGTON, INC.



Principal Place of Business

Mailing Address

**990 HAMMOND DR.
SUITE 300
ATLANTA GA 30328
US**

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SUITE 300
ATLANTA GA 30328
US**

3. Date Incorporated or Qualified

10/21/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

58-2013446

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **Two Perimeter Park South**
Suite, Apt. #, etc.
22 **Suite 224W**

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

23 **Birmingham, AL**

27 **Birmingham, AL**

24 **35243** 25 **US**

29 **35238** 30 **US**

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORPHIS, ROCK A	
STREET ADDRESS	1911 21ST AVE	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	STVD	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, H M	
STREET ADDRESS	990 HAMMOND DR, SUITE 300	
CITY-STATE-ZIP	ATLANTA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, GEORGE G	
STREET ADDRESS	990 HAMMOND DR, SUITE 300	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GARVIN, SARAH C	
STREET ADDRESS	990 HAMMOND DR, SUITE 300	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DIEDRICH, JAN	
STREET ADDRESS	1405 S ORANGE AVE, SUITE 400	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard M. Scrushy
1.3 STREET ADDRESS	Two Perimeter Park South
1.4 CITY-STATE-ZIP	Birmingham, AL 35243
2.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Aaron Beam, Jr.
2.3 STREET ADDRESS	Two Perimeter Park South
2.4 CITY-STATE-ZIP	Birmingham, AL 35243
3.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anthony J. Tanner
3.3 STREET ADDRESS	Two Perimeter Park South
3.4 CITY-STATE-ZIP	Birmingham, AL 35243
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	See Attached List
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Richard E. Botts

Richard E. Botts

2/26/96

Date

(205)967-7116

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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SURGICAL HEALTH CORPORATION

Officers and Directors:

Richard M. Scrushy	Chairman of the Board and Director	422-70-6000
Tarp B. Jones	President	402-86-7595
James P. Bennett	Vice President	416-80-1545
Aaron Beam, Jr.	Vice President, Treasurer, and Director	434-66-0891
Anthony J. Tanner	Vice President, Secretary, and Director	119-38-0183
Michael D. Martin	Vice President	423-90-1179
William T. Owens	Vice President	421-92-9618
William W. Horton	Vice President and Assistant Secretary	419-74-5437
C. Drew Demaray	Vice President and Assistant Secretary	416-76-5337
Richard E. Botts	Vice President	418-92-1796
Stacy H. Pulliam	Assistant Treasurer and Assistant Secretary	416-98-5272

All addresses c/o
HEALTHSOUTH Corporation
Two Perimeter Park South
Suite 224W
Birmingham, AL 35243