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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041356 (5)**

1. Corporation Name

**HEALTHSOUTH VALUATIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6315 PRESIDENTIAL CT<br>SUITE F<br>FT MYERS FL 33919 | 6315 PRESIDENTIAL CT<br>SUITE F<br>FT MYERS FL 33919 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 08/04/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6719 Winkler Road | 26 6719 Winkler Road |
| Suite, Apt. #, etc.<br>22 Suite 200 | Suite, Apt. #, etc.<br>27 Suite 200 |
| City & State<br>23 Ft. Myers, FL 33919 | City & State<br>28 Ft. Myers, FL 33919 |
| Zip / Country<br>24 33919 / 25 USA | Zip / Country<br>29 33919 / 30 USA |

4. FEI Number: 65-0431353 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes XX No

9. Name and Address of Current Registered Agent

**MCCOLGAN, BRIAN F**
**6315 PRESIDENTIAL CT**
**SUITE F**
**FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 6719 Winkler Road

83 Suite 200

84 City: Ft. Myers **FL** 85 Zip Code: 33919

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MCCOLGAN, BRIAN F | 12 NAME | |
| STREET ADDRESS | 3-12 USEPPA ISLAND P.O. BOX 640 N/A | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOKEELIA FL 33922 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HUNTER, MICHAEL | 22 NAME | |
| STREET ADDRESS | 1894 LUDOVIE LN SUITE 100 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | DECATUR GA 30033 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-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)(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.

**SIGNATURE:** _____ 4/25/95 (813) 482-4433
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Brian F. McColgan

0123324 CP