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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000048620 (6)**

1. Corporation Name
HEALTH PROVIDERS, INC.



Principal Place of Business TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243 US	Mailing Address P O BOX 380546 BIRMINGHAM AL 35238-0546 US
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2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/29/1994		3a. Date of Last Report 04/09/1996	
22 City & State 23 BIRMINGHAM, AL		27 City & State		4. FEI Number 63-1121884		Applied For <input type="checkbox"/> Not Applicable	
24 Zip 35243		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 35243		29 Country USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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			
85 Zip Code				FL			

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	COB	SCRUSHY, RICHARD M.	TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243		COB	SCRUSHY, RICHARD M.	ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VPTD	BEAM, AARON JR.	TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243		VPTD	BEAM, AARON, JR.	ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	VPSP	TANNER, ANTHONY J.	TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243		VPSP	TANNER, ANTHONY J.	ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	P	BENNET, JAMES P.	TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243		P	BENNETT, JAMES P.	ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	VPAS	HORTON, WILLIAM W.	TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243		VPAS	HORTON, WILLIAM W.	ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	VPAS	DEMARAY, C. DREW	TWO PERIMETER PARK SOUTH BIRMINGHAM AL 35243		VPAS	DEMARAY, C. DREW	ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243

14. I do 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.

SIGNATURE:

RICHARD E. BOTTS

205-967-7116

CR2E034 (9/96)