

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000048620 (6)

1. Corporation Name

HEALTH PROVIDERS, INC.

Principal Place of Business

ONE HEATHSOUTH PARKWAY
BIRMINGHAM AL 35243
US

Mailing Address

P O BOX 380546
BIRMINGHAM AL 35238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

4. FEI Number

63-1121884

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	COBD	SCRUSHY, RICHARD M.	ONE HEATHSOUTH PKWY.	
		BIRMINGHAM AL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VPTD	BEAM, AARON JR.	ONE HEATHSOUTH PKWY.	
		BIRMINGHAM AL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VPSD	TANNER, ANTHONY J.	ONE HEATHSOUTH PKWY.	
		BIRMINGHAM AL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P	BENNET, JAMES P.	ONE HEATHSOUTH PKWY.	
		BIRMINGHAM AL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VPAS	HORTON, WILLIAM W.	ONE HEATHSOUTH PARKWAY	
		BIRMINGHAM AL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VPAS	DEMARAY, C. DREW	ONE HEATHSOUTH PKWY.	
		BIRMINGHAM AL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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 on an attachment with an address.

SIGNATURE:

Richard E. Botts

(205)967-7116

CR2E034 (10/97)