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May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90041 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000074064

1. Corporation Name  
NSC PORT ST. LUCIE, INC.



Principal Place of Business  
1715 SE TIFFANY AVENUE  
PORT ST. LUCIE FL 34985  
US

Mailing Address  
30 SOUTH WACKER DR.  
STE. 2302  
CHICAGO IL 60606  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

4. FEI Number

36-4103651

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 ONE HEALTHSOUTH PARKWAY

26 P. O. BOX 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BIRMINGHAM, AL

28 BIRMINGHAM, AL

Zip Country

Zip Country

24 35243

25 USA

29 35238

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 PD ☒ DELETE  
NAME GEARY, TIMOTHY E  
STREET ADDRESS 30 S. WACKER DR., STE 2302  
CITY-ST-ZIP CHICAGO IL 60606

1.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME SCRUSHY, M. RICHARD  
1.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
1.4 CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE VST ☒ DELETE  
NAME FISHER, BRYAN S  
STREET ADDRESS 30 S. WACKER DR., STE 2302  
CITY-ST-ZIP CHICAGO IL 60606

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME BENNETT, P. JAMES  
2.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
2.4 CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE V ☒ DELETE  
NAME SOLHEIM, DENNIS  
STREET ADDRESS 30 S. WACKER DR., STE 2302  
CITY-ST-ZIP CHICAGO IL 60606

3.1 TITLE DVPS ☒ Change ☐ Addition  
3.2 NAME TANNER, J. ANTHONY  
3.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE V ☒ DELETE  
NAME ZAMOJSKI, DENNIS  
STREET ADDRESS 30 S. WACKER DR., STE 2302  
CITY-ST-ZIP CHICAGO IL 60606

4.1 TITLE VP ☒ Change ☐ Addition  
4.2 NAME OWENS, T. WILLIAM  
4.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
4.4 CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE P ☐ Change ☐ Addition  
5.2 NAME FOSTER, A. PATRICK  
5.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
5.4 CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE VPAS ☐ Change ☐ Addition  
6.2 NAME HORTON, W. WILLIAM  
6.3 STREET ADDRESS ONE HEALTHSOUTH PARKWAY  
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 on an attachment with an address, with all other like empowered. SEE ATTACHMENT

SIGNATURE:

*Richard E. Botts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. BOTTS, SR. VP (205) 967-7116

Date

Daytime Phone #

CR2E034 (11/98)

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Doc# P96000074064

**NSC PORT ST. LUCIE, INC.**  
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List of Officers and Directors

**Directors:**

Richard M. Scrushy  
James P. Bennett  
Anthony J. Tanner

**Officers:**

Richard M. Scrushy – Chairman of the Board  
Partick A. Foster-President  
Michael D. Martin – Vice President and Treasurer  
Anthony J. Tanner – Vice President and Secretary  
William T. Owens – Vice President  
William W. Horton – Vice President and Assistant Secretary  
Beall D. Gary, Jr. – Vice President and Assistant Secretary  
C. Drew Demaray – Vice President and Assistant Secretary  
Richard E. Botts – Sr. Vice President  
Leif M. Murphy – Vice President

All addresses c/o  
HEALTHSOUTH Corporation  
One HEALTHSOUTH Parkway  
Birmingham, Alabama 35243