

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

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90031 034 \*\*\*150.00

0528540

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000046081

1. Corporation Name

NSC JACKSONVILLE, INC.

Principal Place of Business

30 SOUTH WACKER DR. SUITE 2302  
CHICAGO IL 60602

Mailing Address

30 SOUTH WACKER DR. SUITE 2302  
CHICAGO IL 60602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59-3520982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 ONE HEALTHSOUTH PARKWAY

Suite, Apt. #, etc.

22

City & State

23 BIRMINGHAM, AL

Zip

24 35243

Country

25 USA

2a. Mailing Address

26 P. O. BOX 380546

Suite, Apt. #, etc.

27

City & State

28 BIRMINGHAM, AL

Zip

29 35238

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH 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

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	SCRUSHY, M. RICHARD		
1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	FOSTER, A. PATRICK		
2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	TANNER, J. ANTHONY		
3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243		
4.1 TITLE	VPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	MARTIN, D. MICHAEL		
4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	OWENS, T. WILLIAM		
5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243		
6.1 TITLE	VPAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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, SR. VP (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

**NSC JACKSONVILLE, INC**  
DOCUMENT: P98000046081  
List of Officers and Directors

544866-90031-34  
#P98000046081

**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