

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000046082

1. Corporation Name  
NSC ST. AUGUSTINE, INC.

Principal Place of Business  
30 S WACKER DR. SUITE 2302  
CHICAGO IL 60601

Mailing Address  
30 S WACKER DR. SUITE 2302  
CHICAGO IL 60601

2. Principal Place of Business  
21 ONE HEALTHSOUTH PARKWAY  
Suite, Apt. #, etc.  
22  
City & State  
23 BIRMINGHAM, AL  
Zip Country  
24 35243 25 USA 29 35238 30 USA

2a. Mailing Address  
26 P. O. BOX 380546  
Suite, Apt. #, etc.  
27  
City & State  
28 BIRMINGHAM, AL  
Zip Country  
29 35238 30 USA

3. Date Incorporated or Qualified 05/21/1998	4. FEI Number 59-3520981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Trust Fund Contribution	Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S 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	NAME	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DC RICHARD M. SCRUSHY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D JAMES P. BENNETT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPSD ANTHONY J. TANNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P PATRICK A. FOSTER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VPAS WILLIAM W. HORTON ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered. SEE ATTACHMENT *4/26/99*

SIGNATURE:

*Richard E. Botts* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. BOTT'S SR.V.P. (205) 967-7116

Date

Daytime Phone #

542338 - 40041 - 6  
Doc # P98000046082

**NSC ST. AUGUSTINE, 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