2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the changed, or on an attac

FILED **DOCUMENT # S31434** Feb 28, 2000 8:00 am 1. Entity Name Secretary of State HSC OF BOCA RATON, INC. 02-28-2000 90065 019 ***150.00 Mailing Address Principal Place of Business P.O. BOX 380546 ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35238-0546 BIRMINGHAM AL 35243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1509341 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO. PINE ISLAND RD. PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE FOSTER, PATRICK A NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP CD ☐ Addition ☐ Delete TITLE Change TITLE SCRUSHY, RICHARD M NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** ☐ Delete Change ☐ Addition TITLE DITLE MARTIN, MICHAEL D NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP VSD X Change ☐ Addition ☑ Delete TITLE TITLE TANNER, ANTHONY J Brandon O. Hale NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS One HealthSouth Parkway STREET ADDRESS **BIRMINGHAM AL 35243** CITY-ST-ZIP Birmingham, AL 35243 CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE HORTON, WILLIAM W NAME NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete BOTTS, RICHARD E NAME NAME ONE HEALTHSOUTH PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35243 ration supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information proper chital report is fully and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for trustee empowered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inforg indicated on this report or

Bôtts, Sr. Vice President 2/17/00 (205) Richard E.