

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

FILED
Feb 17 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 # S38556 (4)
 1. Corporation Name
HERITAGE MEDICAL SERVICES OF FLORIDA, INC.



Principal Place of Business 3322 WEST END AVE SUITE 500 NASHVILLE TN 37203 US	Mailing Address 3322 WEST END AVE SUITE 500 NASHVILLE TN 37203 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc.		2a. Mailing Address 26 P O BOX 380546 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/13/1991	
22 City & State 23 BIRMINGHAM, AL		27 City & State 28 BIRMINGHAM, AL		4. FEI Number 62-1459038	
24 Zip 35243		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 35238		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAILEY, MICHAEL D. 100 36TH STREET, 2ND FL P. O. BOX 6296 VERO BEACH FL 32961				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name CT CORPORATION SYSTEM REGISTERED OFFICE	85 Zip Code 33324
82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
83 City C/O CT CORPORATION SYSTEM	
84 City PLANTATION 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: *Dale H. Morris* **CT CORPORATION SYSTEM** 2/10/98
Signature typed or printed name of registered agent and filed appropriate (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KYLE, FRANK R. 3401 WEST END AVENUE, SUITE 680 NASHVILLE TN <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, MICHAEL P. 3401 WEST END AVENUE, SUITE 680 NASHVILLE TN <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***SEE ATTACHED LIST*** <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P RUSSELL H. MADDOX ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/T MICHAEL D. MARTIN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/S ANTHONY J. TANNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V RICHARD E. BOTTS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, ALABAMA 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V WILLIAM W. HORTON ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V JAMES P. BENNETT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 <input type="checkbox"/> Change <input checked="" 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 justice 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* 2/3/98 (205) 967-7116
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (10/97)

HERITAGE MEDICAL SERVICES OF FLORIDA, INC.

Officers and Directors

Directors:

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

Officers:

Richard M. Scrushy	Chairman of the Board
Russell H. Maddox	President
James P. Bennett	Vice President
William T. Owens	Vice President
Richard E. Botts	Vice President
Michael D. Martin	Vice President and Treasurer
Anthony J. Tanner	Vice President and Secretary
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
Stacy H. Pulliam	Vice President, Assistant Treasurer and Assistant Secretary

All addresses to:

Heritage Medical Services of Florida, Inc.
c/o HEALTHSOUTH Corporation
One HEALTHSOUTH Parkway
Birmingham, Alabama 35243