

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

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

05-11-1999 90041 016 ***150.00

DOCUMENT # **S75697**

1. Corporation Name

SCA - FT. MYERS, INC.

Principal Place of Business

**ONE HEALTHSOUTH PKWY.
BIRMINGHAM AL 35243
US**

Mailing Address

**ONE HEALTHSOUTH PKWY.
BIRMINGHAM AL 35243
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1991

4. FEI Number

58-1953070

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 Suite, Apt. #, etc.

26 P. O. BOX 380546

22 City & State

27 City & State
28 BIRMINGHAM, AL

24 Zip Country
25 **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 ROAD
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 | CD | <input type="checkbox"/> DELETE |
| NAME | SCRUSHY, RICHARD M | *SEE ATTACHED LIST |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY. | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | FOSTER, PATRICK A | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY. | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | MARTIN, MICHAEL D | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY. | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | VPSD | <input type="checkbox"/> DELETE |
| NAME | TANNER, ANTHONY | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY. | |
| CITY-ST-ZIP | BIRMINGHAM AL | |
| TITLE | VPAS | <input type="checkbox"/> DELETE |
| NAME | HORTON, WILLIAM W | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY. | |
| CITY-ST-ZIP | BIRMINGHAM AL 35243 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | OWENS, WILLIAM T. | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY. | |
| CITY-ST-ZIP | BIRMINGHAM AL | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 807, 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.

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 #

CR2004 (11/98)

545348 - 90041 - 16

Doc # S75697

SCA-FORT MYERS INC

DOCUMENT: S75697

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