2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # \$75697** 1. Entity Name SCA - FT. MYERS, INC. 02-01-2000 90008 028 ***150.00 Mailing Address Principal Place of Business P.O. BOX 380546 ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243 BIRMINGHAM AL 35238-0546 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1953070 Not Applicant Country Country \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 Apple of the transport of the Control of the Contro 12 11. CD ☐ Addition ☐ Delete TITLE TITLE SCRUSHY, RICHARD M NAME NAME ONE HEALTHSOUTH PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP TX Delete **X** Change TITLE Addition TITLE Brown, Daryl P. FOSTER, PATRICK A NAME NAME One HealthSouth Parkway ONE HEALTHSOUTH PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Birmingham, AL 35243 CITY-ST-ZIP **BIRMINGHAM AL 35243** ☐ Delete TITLE ☐ Change Addition TITLE MARTIN, MICHAEL D NAME NAME ONE HEALTHSOUTH PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243 VPSD** X Delete X Change Addition TITLE TANNER, ANTHONY NAME NAME Hale, Brandon O. ONE HEALTHSOUTH PKWY. STREET ADDRESS One HealthSouth Parkway STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL Birmingham, AL 35243 VPAS Delete ☐ Change ☐ Addition TITLE TITLE HORTON, WILLIAM W NAME ONE HEALTHSOUTH PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** A Delete X Change Addition TITLE OWENS, WILLIAM T. Richard E. Bôtts NAME ONE HEALTHSOUTH PKWY. One HealthSouth Parkway STREET ADDRESS STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP Birmingham, AL 35243 CITY-ST-ZIP 13. 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all they like empowered.

1/20/00 Selle Richard E. Botts. Sr. (205)967-7116 Daytime Phone # AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR