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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name <b>John Dudinsky</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>333 Wilke Street, Alexandria, VA22314</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name <b>Self</b>	Telephone <b>(703) 739-3897</b>	E-mail (optional)	5. Senate ID # <b>90534-12</b>
7. Client Name <input type="checkbox"/> Self <b>HealthSouth</b>			6. House ID # <b>36761000</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

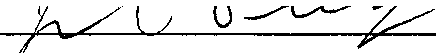
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>\$40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code

Signature  Date **January 28, 2004**

Printed Name and Title John Dudinsky, President

LD-2 (REV. 4/03)

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00000453039

Registrant Name John Dudinsky Client Name HealthSouth

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the Registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

75% rule on medicare reimbursement


17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives  
Senate  
Centers for Medicare and Medicaid Services (CMS)

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Self	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature  Date 1/28/04

Printed Name and Title John Dudinsky, President

Form LD-2 (Rec. 4/03)

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