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05 OCT -7 AM 9:10

LOBBYING REPORT

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

1. Registrant name
Organization Health South Corp.

2. Address Check if different than previously reported
Address One Health South Pkwy
City Birmingham State AL Zip Code 35243 Country USA

3. Principal place of business (if different than line 2)
City _____ State _____ Zip Code _____ Country _____

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail
Mr. Justin Hunter 202-756-3300 justin.hunter@healthsouth.com

5. Senate ID # 296453-
6. House ID # 374970

7. Client Name Self

TYPE OF REPORT 8. Year: 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ _____</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>320,000</u></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions or Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1)(K) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Co

Printed Name and Title Justin Hunter / Vice President, Govt & Regulatory

0000462839



Registrant Name HealthSouth Corp. Client Name _____

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Medicare legislative and regulatory matters

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

House, Senate, Dept. of Health and Human Services

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

Add a page to continue adding lobbyists for

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
<u>Justin</u>	<u>Hunter</u>		

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

Add a page for a diffe

Printed Name and Title Justin Hunter / Vice President, Govt. & Regulator

1000462840

Registrant Name Health South Corp. Client Name _____

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Medicare legislative and regulatory matters

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

House, Senate, Dept. of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
<u>Justin</u>	<u>Hunter</u>		

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

Add a page for a differ

Printed Name and Title Justin Hunter Vice President, Govt. & Regulator

0000462841

Registrant Name Health South Corp. Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address _____
City _____ State _____ Zip Code _____ Country _____

21. Client new principal place of business (if different than line 20)

City _____ State _____ Zip Code _____ Country _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name	Last Name	Suffix	First Name	Last Name
1			3	
2			4	

ISSUE UPDATE

24. General lobbying issues that no longer pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
Address	City	State
C/S/Z	Country	
Address	City	State
C/S/Z	Country	

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own per cent
	City	State/Province, Country	City		
			State		Country

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, affiliated organization

1 2 3 4 5 6

Add a page for more

Printed Name and Title

Justin Hunter / Vice President, Govt. & Regulation

0000462842

