

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

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AF

01 MAY -1 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A24244**

1. Entity Name  
**HEALTHSOUTH REHABILITATION CENTER OF KENDALL, LT**

Principal Place of Business: **8980 SOUTHWEST 97TH AVENUE MIAMI FL 33176**  
Mailing Address: **POST OFFICE BOX 380543 BIRMINGHAM AL 35238**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2719911** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$345,000.00**  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                 |
|---------------------------------|---------------------------------|
| DOCUMENT #                      | <b>P02374</b>                   |
| NAME                            | <b>HEALTHSOUTH REHAB. CORP.</b> |
| STREET ADDRESS                  | <b>ONE HEALTHSOUTH PARKWAY</b>  |
| CITY-ST-ZIP                     | <b>BIRMINGHAM AL</b>            |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
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| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
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| 13. ADDRESS CHANGES ONLY |  |
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| STREET ADDRESS           |  |
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**\*\*\*526.25 \*\*\*526.25**

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Richard E. Botts* **RICHARD E. BOTTS** Date: **4/25/01** Daytime Phone #: **(251) 967-7116**

CRE003 (11/00)