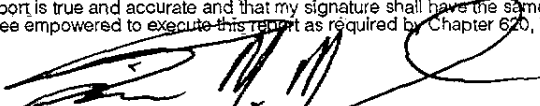


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A24244 1. Entity Name HEALTHSOUTH REHABILITATION CENTER OF KENDALL, LTD.					
Principal Place of Business 8980 SOUTHWEST 97TH AVENUE MIAMI FL 33176			Mailing Address POST OFFICE BOX 380546 BIRMINGHAM AL 35238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____	
9. Capital Contributions as Shown on record.		\$345,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02374		STREET ADDRESS		
NAME	HEALTHSOUTH REHAB. CORP.		CITY-ST-ZIP		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		CITY-ST-ZIP		
CITY-ST-ZIP	BIRMINGHAM AL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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)(f), 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: 			/ Brian M. Menke (205) 967-7116		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

UN0000366885
05/16/05-60010-019 526.25

STAPLE CHECK HERE