

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 JAN -5 AM 11:20 *kc 1120*



1. Name of Limited Partnership	1a. DOCUMENT # B94000000533
HEALTHSOUTH OF SEA PINES LIMITED PARTNERSHIP	

Mailing Address P.O. BOX 380548 BIRMINGHAM AL 35238	Principal Office Address TWO PERIMETER PARK SOUTH, SUITE 220W BIRMINGHAM AL 35243
2. Mailing Address	2a. Principal Office Address ONE HEALTHSOUTH PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/30/1994	5a. Capital Contributions as Shown on record. \$9,900.00
3a. Date of Last Report 01/07/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation AL	
6. FEI Number 63-1134647	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1311 EXECUTIVE CENTER DR. SUITE 200 TALLAHASSEE FL 32301

10. If changed, now Registered Agent/Office		
Name		
Street Address (P.O. Box Number Is Not Acceptable)		
Suite, Apt. #, etc.		
City	FL	Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HEALTHSOUTH REAL PROPERTY HO	TWO PERIMETER PARK SO ONE HEALTHSOUTH PARKWAY	BIRMINGHAM AL 35243	F83000003891
200002409282--5 -01/22/98--01104--009 ****173.05 ****173.05			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Richard E. Betts* DATE 10/30/97

Typed or Printed Name of General Partner Signing Form RICHARD E. BETTS - VP OF THE GENERAL PARTNER Daytime Telephone Number (205) 967-7116

CR2E003 (6/97)