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CT CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

900002654599
-10/02/98--01097-809
*****35.00 *****35.00

HEALTHSOUTH OF SEAS, INC. LIMITED PARTNERSHIP

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JEFF BUTERFIELD

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Florida Department of State, Jim Smith, Secretary of State

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Alabama, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

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1. The name of the limited partnership is: Healthsouth of Sea Pines Limited Partnership

2. The date of filing/registration in Florida: December 30, 1994

3. Document number assigned: B94000000533

4. The name and address of the present registered agent and office: CT Corporation System 1311 Executive Center Drive Suite 200 Tallahassee, FL 32301

5. The name and address of the successor registered agent and office.: (P.O. Box not Acceptable) C T CORPORATION SYSTEM c/o C T Corporation System, 1200 South Pine Island Road Plantation, Florida 33324

Such change was authorized by the general partners BY: HEALTHSOUTH Real Property Holding Corporation, general partner SIGNATURE: [Signature] William W. Horton, Vice President Date: 09-15-98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM SIGNATURE: [Signature] (Officer) ALLAN FAYELL ASSISTANT SECRETARY (Type Name and Title of Officer)

Date: