


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b> <b>HEALTHSOUTH OF SEA PINES LIMITED PARTNERSHIP</b>		<b>1a. DOCUMENT #</b> <b>B94000000533</b>	
<b>Mailing Address</b> P.O. BOX 380548 BIRMINGHAM AL 35238		<b>Principal Office Address</b> TWO PERIMETER PARK SOUTH, SUITE 200 BIRMINGHAM AL 35243	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> ONE HEALTHSOUTH PARKWAY Suite, Apt. #, etc. City & State Zip Country	
		<b>3. Date Formed or Registered</b> 12/30/1994 <b>3a. Date of Last Report</b> 01/07/1997 <b>4. State or Country of Formation</b> AL	
		<b>5a. Capital Contributions as Shown on record.</b> \$9,900.00 <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
		<b>6. FEI Number</b> 63-1134647 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

98 JAN -5 AM 11:20



<b>9. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1311 EXECUTIVE CENTER DR. SUITE 200 TALLAHASSEE FL 32301		<b>10. If changed, now Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code	
		FL	
<b>10a.</b> 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.**

<b>11. Name(s) of General Partner(s)</b> HEALTHSOUTH REAL PROPERTY HO	<b>11a. Address of Each General Partner (Do Not Use Post Office Box Numbers)</b> TWO PERIMETER PARK SOUTH ONE HEALTHSOUTH PARKWAY	<b>11b. City, State &amp; Zip Code</b> BIRMINGHAM AL 35243	<b>11c. Registration/Document Number</b> 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. Butts DATE 12/30/97  
 Typed or Printed Name of General Partner Signing Form RICHARD E. BUTTS - VP OF THE GENERAL PARTNER Daytime Telephone Number (205) 967-7116

CR2E003 (6/97)