

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20338**

1. Entity Name

HEALTHSOUTH SPORTS MEDICINE & REHABILITATION CEN

Principal Place of Business

**4237 SALISBURY ROAD
SUITE 401
JACKSONVILLE FL 32216**

Mailing Address

**POST OFFICE BOX 380546
BIRMINGHAM AL 35238**

FILED

01 APR 30 PM 5:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

59-2543124

2. Principal Place of Business

1325 San Marco Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Ste 102

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number **63-08060407**

Applied For

Zip

32207

Country

USA

Zip

Country

63-08060407

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P02374**
NAME **HEALTHSOUTH REHAB CORP**
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

STREET ADDRESS **000004287650--8**
CITY-ST-ZIP **05/22/01-01089-009**
*****526.25 ***526.25**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard E. Botts

4/25/01

(205) 967-7116

Date

Daytime Phone #

0016120 AF

CR2E003 (11/00)