

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN -8 PM 12:06

1. Name of Limited Partnership

1a. DOCUMENT #  
**A22834**

**MIAMI REHABILITATION INSTITUTE, LTD.**



Mailing Address

POST OFFICE BOX 380546  
BIRMINGHAM AL 35238

Principal Office Address

3280 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

3. Date Formed or Registered

06/27/1986

5a. Capital Contributions as  
Shown on record

**\$0.00**

3a. Date of Last Report

01/09/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

AL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-2719907

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip Country Zip Country

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  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new 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 REHAB. CORP.

2 PERIMETER PARK SOUTH

BIRMINGHAM AL 35243

P02374

**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. Botts*

DATE

12/31/96

Typed or Printed Name of General Partner Signing Form **Richard E. Botts, Vice President of the**

Daytime Telephone Number **(205)967-7116**

**General Partner**

CR2E003 (5/96)