

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A22834

1. Entity Name
MIAMI REHABILITATION INSTITUTE, LTD.



Principal Place of Business
**3280 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

Mailing Address
**POST OFFICE BOX 380546
 BIRMINGHAM, AL 35238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006

Chg-LP

CR2E003 (11/05)

06

4. FEI Number
63-0860407

Applied For
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the / applicable

500075648395
 06/01/06--01039--001 ***26900.00
 DATE

**CFILE: NOW!!! - FEE: IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

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
 CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

06 MAY 16 AM 11:50

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

