

A22834

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000031731 3)))



H070000317313ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

*please check
on this filing
sent on 2/5/07
please backdate*

DISS/TERM/CANCEL/REV OF LP/LLP

MIAMI REHABILITATION INSTITUTE, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

RECEIVED
07 MAR -2 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

A22834

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0363

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

DISS/TERM/CANCEL/REV OF LP/LLP

MIAMI REHABILITATION INSTITUTE, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2007 FEB -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/05 11:44
2050383
00:01:16
02
OK
STANDARD
ECM

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 02/05/2007 11:45
NAME : CT CORP
FAX : 8502227615
TEL : 8502221092
SER.# : BROH3J606161

TRANSMISSION VERIFICATION REPORT

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

MIAMI REHABILITATION INSTITUTE, LTD.

(Name of limited partnership or limited liability limited partnership)

Alabama

(Jurisdiction of formation)

June 27, 1986

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner: _____

James P. McAndrews, III

Typed or printed name: _____

James P. McAndrews, III Vice President of General Partner - HealthSouth Corporation

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2001 FEB -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED