

Document Number Only

A 24770

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

300002205103--8

-06/09/97--01001--021

*****35.00 *****35.00

Healthsouth Regional Rehabilitation Center, Ltd.

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other ucc Filing

☒ Change of R.A.

☐ FIC. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

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Name

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Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EXTRA COPIES
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97 JUN -6 PM 3:59
DIVISION OF CORPORATIONS

6-6

PAH
CAG
6/24



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

WAIVE IN 6/24

C T Corp.

June 9, 1997

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: HEALTHSOUTH REGIONAL REHABILITATION CENTER, LTD.
Ref. Number: A24770

We have received your document for HEALTHSOUTH REGIONAL REHABILITATION CENTER, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The statement of changed of registered agent must be signed by a general partner. HEALTHSOUTH CORPORATION is not reflected as a general partner, if the general partner has changed, you must file a Certificate of Amendment reflecting the change. Attached is a printout showing the current general partner on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 197A00030853

97 JUN 24 11:03

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of

Alabama

, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

HEALTHSOUTH Regional Rehabilitation Center, Ltd.

2. The date of filing/registration in Florida:

June 26, 1987

3. Document number assigned:

A24770

4. The name and address of the present registered agent and office:

Healthsouth Rehabilitation Corporation

20601 Old Cutler Rd.

Miami, FL 33189

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

CT CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners. HEALTHSOUTH Rehabilitation Corporation

SIGNATURE: By: [Signature]
General Partner Bealy D. Gary, Jr.

Date: May 19, 1997 Vice President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE
TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CT CORPORATION SYSTEM

SIGNATURE: [Signature]
(Officer)

Dale Morris, Assistant Vice President

(Type Name and Title of Officer)

Date: June 2, 1997