

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24770

1. Entity Name
HEALTHSOUTH REGIONAL REHABILITATION CENTER, LTD.

FILED

01 JUL 31 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**20601 OLD CUTLER ROAD
MIAMI FL 33189**

Mailing Address
**P.O. BOX 380546
BIRMINGHAM AL 35238**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

4. FEI Number **59-2815559**

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$288,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02374 HEALTHSOUTH REHABILITATION CORPORATION ONE HEALTHSOUTH PKWY BIRMINGHAM AL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004513793--9
CITY-ST-ZIP	00/03/01 01032-017 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard E. botts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/25/01 (205) 967-7116
Date Daytime Phone #

CP2E003 (5/01)



HEALTHSOUTH®

July 5, 2001

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Attn: Diane Cushing

Dear Ms. Cushing:

Recently, several 2001 Uniform Business Reports were mailed to our office with an important notice printed on them stating that our department has been given a 60 day period in which to mail them in or an additional \$100 reinstatement fee will be due. These UBR's were accompanied by a check and were mailed on April 20, 2001 from our office in order to get them to your office by the initial deadline of May 1, 2001. Copies of the following UBR's mailed in April along with their corresponding certified cards which were signed by your office are included for your review:

B94000000533: HealthSouth of Sea Pines, LP
B94000000534: HealthSouth of Tallahassee, LP
B94000000536: HealthSouth of Largo, LP
A21845: Doctors' Hospital of South Miami, LTD
A24770: HealthSouth Regional Rehabilitation
Center, LTD

Please let me know if there is anything else I need to do in order to correct this matter. If you should need to contact me, I can be reached at (205) 969-6644.

Sincerely,

India L. Collins
Tax Assistant

*Mailing new forms + money
no lat fees are due.
7/12/01*

One HealthSouth Parkway • Birmingham, AL 35243
205 967-7116
www.healthsouth.com



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature
GRACIE PENTON Agent
DEPARTMENT OF STATE Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

APR 25 2001

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0520 0013 7010 2354 HS Regional Rehab. Ctr. Ltd.

PS Form 3811, July 1999 **INDIA** Domestic Return Receipt **2001-WBR** 102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

45E2 0702 7010 2354

INDIA **HS Regional Rehab. Ctr. Ltd. - 2001 WBR**

Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74

Postmark Here

Recipien
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

PS Form 3811, July 1999

paid w/ check #: 18053