

A24770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A24770

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02 NOV -6 AM 11:40
TALLAHASSEE, FL 32301

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FILED

02 NOV -6 PM 2:25

TALLAHASSEE, FL 32301

CT CORPORATION

November 6, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

Re: Order #: 5710332 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

HEALTHSOUTH Regional Rehabilitation Center, Ltd. (AL)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

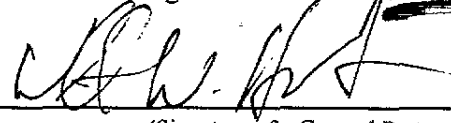
660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**CERTIFICATE OF CANCELLATION
FOR**

HEALTHSOUTH Regional Rehabilitation Center Ltd.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.



(Signature of a General Partner)

William W. Horton, Executive Vice President

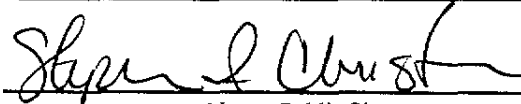
(Typed or Printed name of General Partner Signing Above)

STATE OF ALABAMA

COUNTY OF JEFFERSON

On this 17th day of October, 2002, William W. Horton
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Notary Public Signature

Stephanie I. Christian

Notary's Printed Name

Seal

My Commission Expires: 4/15/03

02 NOV -6 PM 2:25
FILED
TALLAHASSEE FLORIDA