

2001 UNIFORM BUSINESS REPORT (UBR)

0016123 AF

FILED
01 APR 30 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26649

1. Entity Name

HEALTHSOUTH REHABILITATION CENTER OF BOCA RATON,

Principal Place of Business
7600 WEST CAMINO REAL
BOCA RATON FL 33433

Mailing Address
P.O. BOX 380546
BIRMINGHAM AL 35238



2. Principal Place of Business
990 NW 13th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

Zip
33486

Country
USA

Zip

Country

DO NOT WRITE IN THIS SPACE
45-0076142
63-0860407
65-0076142

4. FEI Number

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$50,050.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P02374
NAME	HEALTHSOUTH REHABILITATION CORP.
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	BIRMINGHAM AL 35243
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

APR 350.35
88.75

STREET ADDRESS	350.35-4
CITY-ST-ZIP	88.75-12
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100004288211-7
CITY-ST-ZIP	05/22/01-01124-002
STREET ADDRESS	
CITY-ST-ZIP	****439.10 ****439.10
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

BK

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* **Richard E. Botts** *4/25/01* (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)