

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28123**

1. Entity Name

**HEALTHSOUTH REHABILITATION CENTER OF TAMPA, LTD.**

01-0002

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4107 NORTH HIMS AVE.  
TAMPA FL 33607

Mailing Address

P. O. BOX 380546  
BIRMINGHAM AL 35238-0546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1391616

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

**\$70,000.00**

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

13.

DOCUMENT # **P02374**  
NAME **HEALTHSOUTH REHABILITATION CORPORATION**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY - ST - ZIP **BIRMINGHAM AL 35243**

STREET ADDRESS

CITY - ST - ZIP

7000003287457-3

-06/13/00--01078--013

\*\*\*\*578.75 \*\*\*\*578.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

(205) 967-7116

Daytime Phone #

Richard E. Botts, Vice President of the General Partner

C-92E003 (\$19)