

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -8 PM 4:24



1. Name of Limited Partnership	1a. DOCUMENT # A28715
HEALTHSOUTH REHABILITATION CENTER OF PALM BAY, L TD.	

Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238		Principal Office Address 709 SOUTH HARBOUR CITY BLVD. 1ST FLOOR MELBOURNE FL 32901		3. Date Formed or Registered 02/01/1990	5a. Capital Contributions as Shown on record. \$7,890.00
				3a. Date of Last Report 01/09/1996	5b. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
				4. State or Country of Formation AL	
2. Mailing Address	2a. Principal Office Address			6. FEI Number 63-1006025 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State			8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country				

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
<ul style="list-style-type: none"> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HEALTHSOUTH REHABILITATION C	TWO PERIMETER PARK SO	BIRMINGHAM AL 35243	P02374
<p>700002059917--4 -01/16/97--01018--022 ****191.25 ****191.25</p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Richard E. Botts* DATE *12/31/96*
Typed or Printed Name of General Partner Signing Form **Richard E. Botts, Group Vice** Daytime Telephone Number **(205) 969 - 7595**
President of the General Partner