FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



HEALTHSOUTH REHABILITATION CENTER OF PALM BAY, L

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # A28715 FILED' SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN - 5 PM 12: 19



Same Address Principal Office Address Principal Office Address 28							
SITE FLOOR MEIBOURNE FL 32001 2. Mailing Address 2. Principal Office Address 3. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Firstwards 6. Firstwards 6. Firstwards 6. Firstwards 6. Firstwards 6. Firstwards 7. Centificate of Status Desired 2. Country 2. Country 2. Country 2. Country 3. Mane and Address of Courrent Registered Agent 7. Centificate of Status Desired 3. Make check populate to: Dept. of State (See reverse adds for fee Information) 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 8. Make check populate to: Dept. of State (See reverse adds for fee Information) 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 8. Make check populate to: Dept. of State (See reverse adds for fee Information) 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 8. Make check populate to: Dept. of State (See reverse adds for fee Information) 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 9. Name and Address of Courrent Registered Agent 7. Centificate of Status Desired 9. Name and Address of Courrent Registered 8. Make check populate to: Dept. of State (See reverse adds for fee Information) 8. Name 7. Centificate of Status Desired 9. Name and Address of Courrent Registered 8. Make check populate to: Dept. of State (See reverse adds for fee Information) 8. Name 7. Centificate of Status Desired 9. Name 8. Name 8. Name 8. Name 8. Name 9. Name 9. Name 9. Na	·	709 SOUTH HARBOUR CITY BLVD.			Shown on record.		
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Suite, Apt. #, etc. City & State City & State City & State Country Zip Country B. Make check payable to: Dept. of State (See reverse side for fee information) P. Name and Address of Current Registered Agent TO. If changed, new Registered Agent/Office Street Address (P.O. Box Number is Not Acceptable) TO. Pursuant to the provisions of sections 820 1031 and 820 192; Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Fiorida, submits his statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes and Florida State change was authorized by its peneral partner(s); Interest second fined a statement for the purpose of changing its registered agent, or both, in the State of Florida State change was authorized by its peneral partner(s); Interest second fined a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida State change was authorized by its peneral partner(s); Interest second fined a statement for the purpose of changing its registered agent Acceptable appointment). 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) 12. State State State General Partner(s) 13. Only of the State State General Partner(s) 14. Only of the State St	2 Mailing Address	2a. Principal Office Address		4. State or Country of Formation to date:		e:	
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City & State Country Country Country Country Country Zip Country Zip Country Zip Country Zip Country To Additional State Desired 8. Make check payable to: Dept. of State (See reverse side for fee Information) 9. Name and Address of Current Registered Agent To Trichanged, new Registered Agent/Ciffice CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Sireal Address (F.O. Box Number is Nox Acceptable) FL Zip Code To 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, it and smiller with, and accept the obligation of sections 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) 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 (Each General Partner) Name (s) of General Partner(s) 11b. City, State 4. Zip Code 11c. Registration Document Number PO2374 BIRMINGHAM AL 35243 PO2374 BIRMINGHAM AL 35243 PO2374 ***********************************	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEl Number			
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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 signary e shall have the same legisteffects 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 chapting 20, Forida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form RICHARD E. BUTTS - VP OF THE GENERAL PARTNER.

(200) 917.71

lumber (205) 967-711

;R2E003 (6)