

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
99 JUN 12 PM 10:47

1. Name of Limited Partnership

1a. DOCUMENT #
A28715

HEALTHSOUTH REHABILITATION CENTER OF PALM BAY,
LTD.

Mailing Address

P.O. BOX 380546
BIRMINGHAM AL 35238

Principal Office Address

709 SOUTH HARBOUR CITY BLVD
1ST FLOOR
MELBOURNE FL 32901

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

02/01/1990

3a. Date of Last Report

01/05/1998

4. State or Country of Formation

AL

6. FEI Number

63-1006025

7. Certificate of Status Declared

8. Make Check payable to: Dept. of State (See new forms for fees and charges)

5a. Capital Contributions as
Shown on record

\$7,890.00

5b. Amount of Capital
Contributions in FL OR DA
in date

0

☐ Applied For
☐ Not Applicable

\$8.75 A.L.R. and
Fee Required

10. If changed, New Registered Agent Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

HEALTHSOUTH REHABILITATION C

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

ONE HEALTHSOUTH PARKW

11b. City, State & Zip Code

BIRMINGHAM AL 35243

11c. Registration
Document Number

P02374

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)(b), 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, its owner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Richard E. Botts

DATE

11/4/99

Typed or Printed Name of General Partner Signing Form

RICHARD E. BOTTS, VICE PRESIDENT

Daytime Telephone Number (205) 967-7116

CR2E003 (2/98)