

CT CORPORATION

# A28715

(2)

CORPORATION(S) NAME

7/11 LP cancel

A28715

HEALTHSOUTH Rehabilitation Center of Palm Bay, Ltd.

RECEIVED  
02 JUL 11 AM 11:19  
TALLAHASSEE, FLORIDA

FILED

02 JUL 11 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                         | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |  |   |
| <input type="checkbox"/> Foreign             | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement                     |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report                     | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration                 | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name                   | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies                       | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem                   | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                         | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |  |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

7/11/02

Order#: 5451070

600006329366--7

-07/11/02--01039--003

Ref#: \*\*\*\*735.00 \*\*\*\*\*52.50

Amount: \$ \_\_\_\_\_

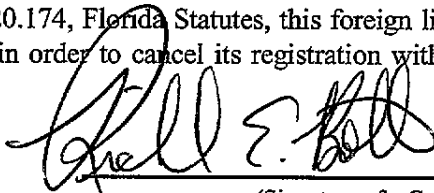
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**CERTIFICATE OF CANCELLATION  
FOR**

HEALTHSOUTH Rehabilitation Center of Palm Bay, Ltd.

\_\_\_\_\_  
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.



\_\_\_\_\_  
(Signature of a General Partner)

Richard E. Botts, V.P. of The General Partners

\_\_\_\_\_  
(Typed or Printed name of General Partner Signing Above)

STATE OF ALABAMA

COUNTY OF JEFFERSON

On this 28<sup>th</sup> day of June, 2002, Richard E. Botts  
personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
\_\_\_\_\_  
Notary Public Signature

Cynthia F. Sanford  
\_\_\_\_\_  
Notary's Printed Name

Seal

My Commission Expires: 2/18/06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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