


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HEALTHSOUTH REHABILITATION CENTER OF MERRITT ISLAND, LTD.		1a. DOCUMENT # A31162	
Mailing Address POST OFFICE BOX 380546 BIRMINGHAM AL 35238		Principal Office Address 1555 EAST STATE ROAD 520 MERRITT ISLAND FL 32952	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 02/06/1991	
		3a. Date of Last Report 01/08/1997	
		4. State or Country of Formation AL	
		5a. Capital Contributions as Shown on record. \$25,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 63-1037352 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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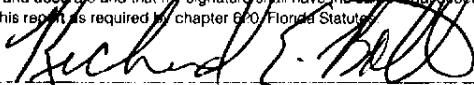


9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 000002405938-5 -01/21/98--01012--005	
		Suite, Apt. #, etc. ****278.75 ****278.75	
		City FL	
		Zip Code	
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 REHAB. CORP.	TWO PERIMETER PARK ONE HEALTHSOUTH PARKWAY	BIRMINGHAM AL 35243	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)(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 600, Florida Statutes.

SIGNATURE



DATE **12/30/97**

Typed or Printed Name of General Partner Signing Form

RICHARD E. BOTTS - VP OF THE GENERAL PARTNER

Daytime Telephone Number

(205) 967-7116

CR2E003 (6/97)