

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 12:07



1. Name of Limited Partnership

1a. DOCUMENT #  
**A32231**

**HEALTHSOUTH REHABILITATION CENTER OF WEST ORANGE  
LIMITED PARTNERSHIP**

Mailing Address

P.O. BOX 380546  
BIRMINGHAM AL 35238  
US

Principal Office Address

10000 W. COLONIAL DR.  
SUITE 1302  
OCFEE FL 34761  
US

3. Date Formed or Registered

11/07/1991

5a. Capital Contributions as  
Shown on record

**\$45,000.00**

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**

6. FEI Number

**63-1057103**

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL FL 33324**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**300002060703 - 9**

**-01/16/97--01088--010**

**\*\*\*191.25 FL \*\*\*191.25**

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)

**TWO PERIMETER PARK SO**

11b. City, State & Zip Code

**BIRMINGHAM AL**

11c. Registration/  
Document Number

**P02374**

*OR*  
*1-15*

**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**

0012308

CR2E003 (6/96)