

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32808**

1. Entity Name

**HEALTHSOUTH SPORTS MEDICINE AND REHABILITATION C**

Principal Place of Business

**1801 SOUTHEAST HILLMOOR DRIVE  
SUITE C-206  
PORT SAINT LUCIE FL 34952**

Mailing Address

**P.O. BOX 380546  
BIRMINGHAM AL 35238  
US**

2. Principal Place of Business

**10256 S. Federal Hwy.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port St. Lucie FL**

City & State

Zip  
**34952**

Country  
**USA**

Zip

Country

4. FEI Number

**63-1065396 0860407**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**MIX-LP**

9. Capital Contributions  
as Shown on record.

**\$7,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P02374**  
NAME **HEALTHSOUTH REHAB. CORP.**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**Richard E. Botts**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/25/01**

**(205) 967-7116**

**FILED**

**01 APR 30 PM 5:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**63-1065396**

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)

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