

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 12:06

1. Name of Limited Partnership

1a. DOCUMENT #
A33235

HEALTHSOUTH SPORTS MEDICINE AND REHABILITATION CENTER OF OCALA LIMITED PARTNERSHIP



Mailing Address
P.O. BOX 380546
BIRMINGHAM AL 35238

Principal Office Address
2760 SOUTH EAST 17TH STREET
SUITE 500
OCALA FL 32671

3. Date Formed or Registered
07/27/1992

5a. Capital Contributions as Shown on record.
\$7,000.00

3a. Date of Last Report
01/09/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation
AL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
63-1072095

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

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

Name

Street Address (P.O. Box Number ~~is Not Acceptable~~) **1000 2050711--4**

Suite, Apt. #, etc.

**-01/15/97--01088--018
****191.25 ****191.25**

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 REHABILITATION C

TWO PERIMETER PARK SO

BIRMINGHAM AL

P02374

*OK
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 629, 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