

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -5 PM 4:05

rk 1116

1. Name of Limited Partnership

1a. DOCUMENT #
A33235

HEALTHSOUTH SPORTS MEDICINE AND REHABILITATION CENTER OF OCALA LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 390546
BIRMINGHAM AL 35238

Principal Office Address

2780 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

01/08/1997

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.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

63-1072095

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 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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)

HEALTHSOUTH REHABILITATION C

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~TWO RIVERS PARK SO~~
ONE HEALTHSOUTH PARKWAY

11b. City, State & Zip Code

BIRMINGHAM AL

11c. Registration/Document Number

P02374

000002406940--3
-01/21/98--01083--013
****156.25 ****156.25

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. Boits

DATE

12/30/97

Typed or Printed Name of General Partner Signing Form **RICHARD E. BOITS - VP OF THE GENERAL PARTNER** Daytime Telephone Number

(205) 967-7116

CR2E003 (6/97)