

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

97 OCT 21 PM 1:11



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000277

SERVICEMASTER REHABILITATION, LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

5050 POPLAR AVENUE, 18TH FLOOR
MEMPHIS TN 38157

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MEMPHIS TN 38157

3. Date Formed or Registered

03/03/1994

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

10/08/1996

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

3839 Forest Hill-Irene Rd.
Suite, Apt. #, etc.

3839 Forest Hill-Irene Rd.
Suite, Apt. #, etc.

City & State

City & State

Memphis, TN
Zip Country
38125 USA

Memphis, TN
Zip Country
38125 USA

6. FEI Number

62-1560351

☐ 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

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)

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

SERVICEMASTER DIVERSIFIED HE

5050 POPLAR AVENUE, 1
3839 Forest
Hill-Irene Rd.

MEMPHIS TN 38157
38125

P35493

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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

Suzanna Baker

DATE 10/13/97

Typed or Printed Name of General Partner Signing Form

Suzanna Baker, Secretary

Daytime Telephone Number

(901) 624-1600

CR2E003 (6/97)