

CT CORPORATION

CORPORATION(S) NAME

B94000000037

HEALTHSOUTH Sports Medicine & Rehabilitation Center of Clearwater

RECEIVED
02 JUL 11 AM 11:19
TALLAHASSEE, FLORIDA

02 JUL 11 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/11/02

Order#: 5451070

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-07/11/02--01039--003

Ref#: *****735.00 *****52.50

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

JB
7-11-02

**CERTIFICATE OF CANCELLATION
FOR**

HEALTHSOUTH Sports Medicine & Rehabilitation Center of Clearwater Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.



(Signature of a General Partner)

Richard E. Botts U.P. of the General Partner
(Typed or Printed name of General Partner Signing Above)

STATE OF ALABAMA

COUNTY OF JEFFERSON

On this 28th day of June, 2002, Richard E. Botts
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Notary Public Signature

Cynthia F. Sandford

Notary's Printed Name

02 JUL 11 PM 1:50
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AND
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TALLAHASSEE, FLORIDA

Seal

My Commission Expires: 2/18/06