

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 11 AM 9:38

Name of Limited Partnership

1a. DOCUMENT #  
B94000000464

SOUTH DADE REHAB ASSOCIATES, LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 380546  
BIRMINGHAM AL 35268

Principal Office Address

ONE HEALTHSOUTH PKWY  
BIRMINGHAM AL 35243

3. Date Formed or Registered

11/16/1994

5a. Capital Contributions as  
Shown on record.

\$39,011,697.00

3a. Date of Last Report

01/05/1998

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

4. State or Country of Formation

DE

6. FEI Number

25-1752683

☐ 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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
35238

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

CONTINENTAL MEDICAL SYSTEMS

~~550 WILSON LANE~~

ONE HEALTHSOUTH PARKWAY

~~MECHANICSBURG PA 17055~~

BIRMINGHAM AL 35243

M48794

200002716182--5  
-12/18/98-01076-004  
\*\*\*\*526.25 \*\*\*\*526.25

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 629, Florida Statutes.

SIGNATURE

*Richard E. Botts*

DATE

12/7/98

Typed or Printed Name of General Partner Signing Form

RICHARD E BOTTS VP OF GENERAL PARTNERS

Telephone Number (205) 967-7116

CR2E003 (8/98)