

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000464**

1. Entity Name

SOUTH DADE REHAB ASSOCIATES, LIMITED PARTNERSHIP

FILED

01 JUL 31 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243**

Mailing Address

**P.O. BOX 380546
BIRMINGHAM AL 35268**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

25-1752683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$39,011,697.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M48794**
NAME **CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Richard E. Botts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/25/01 (205) 967-7116

Date

Daytime Phone #

CR2E003 (5/01)



July 5, 2001

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Attn: Diane Cushing

Dear Ms. Cushing:

Recently, several 2001 Uniform Business Reports were mailed to our office with an important notice printed on them stating that our department has been given a 60 day period in which to mail them in or an additional \$100 reinstatement fee will be due. These UBR's were accompanied by a check and were mailed on April 20, 2001 from our office in order to get them to your office by the initial deadline of May 1, 2001. A copy of the following UBR which was mailed in April along with a copy of the corresponding certified card which was signed for by your office is included for your review:

B94000000464: South Dade Rehab Associates, LP

Please let me know if there is anything else that I need to do in order to correct this matter. If you should need to contact me, I can be reached at (205) 969-6644.

Sincerely,

India L. Collins
Tax Assistant

Enclosures

One HealthSouth Parkway • Birmingham, AL 35243
205 967-7116
www.healthsouth.com



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

2. Article Number (Copy from service label)

7000 0520 0013 7010 2200 South Dade Rehab. Assoc. LP
PS Form 3811, July 1999 INDIA Domestic Return Receipt 2001 UBR 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X GRACIE PENTON ☐ Agent
DEPARTMENT OF STATE Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 25 2001

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

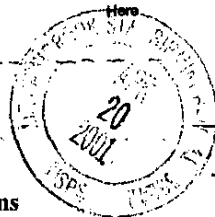
4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only: No Insurance Coverage Provided)

South Dade Rehab. Associates, LP

| | |
|--|---------|
| Postage | \$.34 |
| INDIA Certified Fee | 1.90 |
| Return Receipt Fee (Endorsement Required) | 1.50 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.74 |

Postmark Here



Recipient's

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

PS Form 38

check # 17758