


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 17 AM 9:27

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # B94000000464 1. Entity Name SOUTH DADE REHAB ASSOCIATES, LIMITED PARTNERSHIP					
Principal Place of Business 1200 CORPORATE DRIVE, STE. 340 BIRMINGHAM, AL 35242			Mailing Address 1200 CORPORATE DRIVE, STE. 340 BIRMINGHAM, AL 35242		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 25-1752683	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$39,011,697.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	M48794 CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC 1200 CORPORATE DRIVE, STE. 340 BIRMINGHAM, AL 35242		STREET ADDRESS CITY-ST-ZIP	400038739794 07/06/04--01032--001 **526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
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: <i>Robert M. McRobert</i>			04/28/04 (205) 980-9970		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE