

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000464

1. Entity Name
SOUTH DADE REHAB ASSOCIATES, LIMITED PARTNERSHIP



Principal Place of Business
ONE HEALTHSOUTH PKWY
BIRMINGHAM AL 35243

Mailing Address
P.O. BOX 380546
BIRMINGHAM AL 35268

FILED

2003 JUL 23 AM 8:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1200 CORPORATE DRIVE

3. Mailing Address
1200 CORPORATE DRIVE

Suite, Apt. #, etc.
SUITE 340

Suite, Apt. #, etc.
SUITE 340

DUE BY MAY 1, 2003

City & State
BIRMINGHAM, AL

City & State
BIRMINGHAM, AL

4. FEI Number 25-1752683

Applied For
Not Applicable

Zip
35242

Country
U.S.A.

Zip
35242

Country
U.S.A.

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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 1200 CORPORATE DRIVE; SUITE 340
CITY-ST-ZIP BIRMINGHAM, AL 35242

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/16/03

Date

205 980 9970

Daytime Phone #

CR2E003 (10/02)

0019573 MB