


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

97 JAN -7 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  <b>HEALTHSOUTH OF TALLAHASSEE LIMITED PARTNERSHIP</b>		<b>1a. DOCUMENT #</b> <b>B94000000534</b>	
<b>Mailing Address</b> P.O. BOX 380546 BIRMINGHAM AL 35238		<b>Principal Office Address</b> TWO PERIMETER PARK SOUTH, SUITE 224W BIRMINGHAM AL 35243	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



*SP 1/14*

<b>3. Date Formed or Registered</b> 12/30/1994	<b>5a. Capital Contributions as Shown on record</b> <b>\$9,900.00</b>
<b>3a. Date of Last Report</b> 01/09/1996	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>4. State or Country of Formation</b> AL	
<b>6. FEI Number</b> 63-1134713	
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b>	
<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>10. If changed, new Registered Agent/Office</b>	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	
<b>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.</b>			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
HEALTHSOUTH REAL PROPERTY HO	TWO PERIMETER PARK SO	BIRMINGHAM AL 35243	F93000003891

8000002053348--8  
-01/16/97--01023--006  
\*\*\*\*208.05 \*\*\*\*208.05

**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 620, Florida Statutes.**

SIGNATURE

*Richard E. Botts*

DATE

12/31/96

Typed or Printed Name of General Partner Signing Form

Richard E. Botts, Group Vice

Daytime Telephone Number

(205) 969-7595

President of the General Partner

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