

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B94000000534**

1. Entity Name

**HEALTHSOUTH OF TALLAHASSEE LIMITED PARTNERSHIP**

Principal Place of Business

**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243**

Mailing Address

**P.O. BOX 380546  
BIRMINGHAM AL 35238**

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

**63-1134713**

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

**\$9,900.00**

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 # **F93000003891**  
NAME **HEALTHSOUTH REAL PROPERTY HOLDING CORP.**  
STREET ADDRESS **ONE HEALTHSOUTH PARKWAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

STREET ADDRESS

CITY-ST-ZIP

**500004513775-4**

**08/03/01 01032 013**

**\*\*\*\*158.75 \*\*\*\*158.75**

DOCUMENT #  
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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:

**SIGNATURE OF SIGNING GENERAL PARTNER**

Date

Daytime Phone #

**7/25/01 (205) 967-7116**

CR2603 (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. Copies of the following UBR's mailed in April along with their corresponding certified cards which were signed by your office are included for your review:

B94000000533: HealthSouth of Sea Pines, LP  
B94000000534: HealthSouth of Tallahassee, LP  
B94000000536: HealthSouth of Largo, LP  
A21845: Doctors' Hospital of South Miami, LTD  
A24770: HealthSouth Regional Rehabilitation  
Center, LTD

Please let me know if there is anything else 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

One HealthSouth Parkway • Birmingham, AL 35243  
205 967-7116  
[www.healthsouth.com](http://www.healthsouth.com)

HRC  
NYSE

*Mailing new  
forms + money  
no late fees are  
due.  
7/19/01*

**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 2385 HS of Tallahassee, 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.

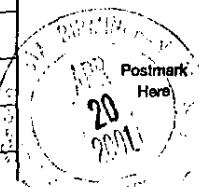
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

5962 0702 6100 0250 0002

HS of Tallahassee, LP - 2001 UBR

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



Recipient:  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-63

PS Form 380

paid w/ check # 17762