

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

04282006

Chg-LP

CR2E003 (11/05)

do

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

SIGNATURE

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

600075648046

06/01/06--01039--001 **26900.00

DATE

**(FILE NOW!!!-FEE IS \$500.00.
 After May 1, 2006, Fee will be \$900.00)**

**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

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Case

Daytime Phone #

STAPLE CHECK HERE



FILED

06 MAY 16 AM 11:18

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**