4N 00000 3/8 7 Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it us a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000166719 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

ORIDA/FOREIGN LIMITED LIABILITY CO.

HealthSouth Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Ment

Help

JUL - 8 2008

EXAMINER

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUORIDA:

1. HealthSouth Properties, LLC	
(Name of Foreign Limited Liability Company;	must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting Company," "LL.C.," "LLC.")	the purpose of transacting business in Florida and attach a copy of the written ng the alternate name. The alternate name must include "Limited Liability
2. Delaware	3. 63-1133453
(Jurisdiction under the law of which foreign limited company is organized)	liability (FEI number, if applicable)
4. 12/22/1994	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. ^{n/a}	
(Date first transacted busin	ness in Florida, if prior to registration.) 8.502 P.S. to determine penalty liability)
7. 3660 Grandview Parkway, Suite 200, Birmingham	
	DE T
(Street	t Address of Principal Office)
8. If limited liability company is a manager-n	
9. The name and usual business addresses of	the managing members or managers are as follows:
HealthSouth Corporation, 3660 Grandview Parkwa	ay, Suite 200, Birmingham, Alabama 35243
10. Attached is an original certificate of existence, no mon he jurisdiction under the law of which it is organized. (A ranslation of the certificate under oath of the translator mu.	e than 90 days old, duty authenticated by the official having custody of records in photocopy is not acceptable. If the certificate is in a foreign language, a
	not need 1.22
1. Nature of business or purposes to be cond	lucted or promoted in Florida:
Signature of a member	
(In accordance with section 608	or an authorized representative of a member. 3.408(3), F.S., the execution of this document constitutes lies of perjury that the facts stated herein are true.)
•	ive Vice President HealthSouth Corporation

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited	Liability Comp	pany is:		,
HealthSouth Properties, LLC				
If name unavailable, the alto	ernate name to b	e used in the state	of Florida is:	
2. The name and the Florid	a street address	of the registered ag	ent and office are:	
	СТ	Corporation System		
	P. 4 =	(Name)		_
	1200	South Pine Island Road	l	
	Florida Street Add	ress (P.O. Box NOT	(CCEPTABLE)	_
1	Plantation	FI.	33324	
		City/State/Zip		_
Having been named as regist liability company at the place agent and agree to act in this relating to the proper and co- obligations of my position as CT Corporati	e designated in ti capacity. I furti mplete performa registered agent on System	his certificate, I here her agree to comply mce of my duties, an t as provided for in (aby accept the appoint with the provisions of all am familiar with Chapter 608, Florida	ntment as registered of all statutes and accept the
By: 1 — H (Signatu		Hardley Asst. Secr	etary	
II 065 - 04/24/2007 C.T. Sustain Calling	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Ap Designation of R Certified Copy (Certificate of Sta	Registered Agent optional)	FILED 08 JUL -7 MM 8: 4 SECKETARY OF STATE- TALLAHASSEE, FLORIDA

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSOUTH PROPERTIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2463631 8300

080755505

You may verify this certificate online at corp delaware.gov/authver.shtml

Daniel Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6706309

DATE: 07-03-08