

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003189

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** HEALTHSOUTH PROPERTIES, LLC

**Current Principal Place of Business:**

3660 GRANDVIEW PKWY  
STE 200  
BIRMINGHAM, AL 35243

**New Principal Place of Business:**

3660 GRANDVIEW PARKWAY  
SUITE 200  
BIRMINGHAM, AL 35243

**Current Mailing Address:**

3660 GRANDVIEW PKWY  
STE 200  
BIRMINGHAM, AL 35243

**New Mailing Address:**

P. O. BOX 380546  
BIRMINGHAM, AL 35238

FEI Number: 63-1133453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HEALTHSOUTH CORPORATION  
Address: 3660 GRANDVIEW PKWY - STE 200  
City-St-Zip: BIRMINGHAM, AL 35243

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEALTHSOUTH CORPORATION  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES P. MCANDREWS, III

V

04/20/2009

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date