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Requestor's Name

660 East Jefferson Street

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City

State

Zip

Phone

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\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

HEALTHSOUTH Leasing Company, L.L.C.

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DIVISION OF CORPORATIONS  
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☐ Profit

☐ NonProfit

☐ Amendment

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☒ Limited Liability Co.

☐ Dissolution/Withdrawal

☐ Mark

☒ Foreign

☐ Limited Partnership

☐ Annual Report

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DIVISION OF CORPORATION

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

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

1. Healthsouth Leasing Company, L.L.C.  
(Name of foreign limited liability company must end with the words "limited liability company" or "limited company" or their abbreviations "L.L.C." or "L.C." if not so contained in the name at present.)
2. Alabama 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 3, 1999 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Registration  
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))
7. One Healthsouth Parkway, Birmingham, AL 35243

(Street address of principal office)

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>William W. Horton</u>	<u>MGRM</u>	_____	_____
<u>One Healthsouth Parkway,</u>		_____	
<u>Birmingham, AL 35243</u>		_____	
_____	_____	_____	_____
_____		_____	
_____		_____	
_____	_____	_____	_____
_____		_____	
_____		_____	

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State of the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of HEALTHSOUTH Leasing  
Company, L.L.C. certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 100.00 ;  
(This total includes amounts from 2 and 3 above.)



**Signature of a member or authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

HEALTHSOUTH Holdings, Inc., Managing Member

By: William W. Horton, Vice President

Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

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## 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 Company is:

HEALTHSOUTH Leasing Company, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

C T CORPORATION SYSTEM

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T CORPORATION SYSTEM

Dale W. Morris

(Signature)

**DALE W. MORRIS**  
**ASSISTANT VICE PRESIDENT**

**Filing Fee: \$ 35 for Designation of Registered Agent**

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# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporate records on file in this office disclose that HEALTHSOUTH Leasing Company, L.L.C. organized in the office of the Judge of Probate of Montgomery County on March 3, 1999. I further certify that the records do not disclose that said HEALTHSOUTH Leasing Company, L.L.C. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

03/08/99

Date

Jim Bennett

Secretary of State