

CT CORPORATION SYSTEM

CORPORATION(S) NAME

M99 0000000350

HEALTHSOUTH Leasing Company, L.L.C.

700004340297--6

-06/04/01--01014--033

\*\*\*\*\*25.00 \*\*\*\*\*25.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN - 4 PM 2:09

APPROVED  
AND  
FILED

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/4/01

Order#: 4498342

Ref#: \_\_\_\_\_

CB

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

HEALTHSOUTH Leasing Company, L.L.C.

(Name of limited liability company)

Alabama

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

2000 Interstate Park Drive, Suite 204

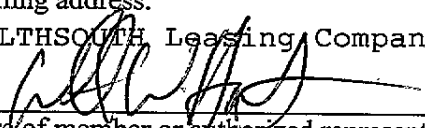
(Mailing address)

Montgomery, Alabama 36109

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

HEALTHSOUTH Leasing Company, L.L.C.

  
(Signature of member or authorized representative of a member)

William W. Horton, Vice President of HEALTHSOUTH Holdings, Inc. (Member)  
(Typed or printed name of signee)

APPROVED  
AND  
FILED  
01 JUN -4 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**