

B9400000533

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000236105 3))



H180002361053ABC-

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3336
 Fax Number : (954)208-0845

FILED
18 AUG 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
HEALTHSOUTH OF SEA PINES LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$105.00



REC-11
2018 AUG 13 PM 3:35

Electronic Filing Menu Corporate Filing Menu Help

✓ SALY
AUG 14 2018

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

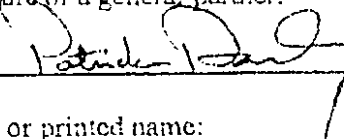
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: October 1, 2018
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Patrick Darby, VP of General Partner Encompass Health Sea Pines Holdings, LLC

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
18 AUG 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Amendment filed on behalf of Sea Pines Rehabilitation Hospital Limited Partnership, as received and filed in the Office of the Secretary of State on 07/30/2018.

FILED
18 AUG 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



20180813000007940

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.

08/13/2018

Date

John H. Merrill

Secretary of State

STATE OF ALABAMA

DOMESTIC LIMITED PARTNERSHIP AMENDMENT OF CERTIFICATE OF LP

Alabama Sec. Of State
 Entity Change DLP
 502-078
 Date 7/30/2018
 Time 9:32
 180730 4 Pg
 File \$50.00
 Ackn \$.00
 Exp \$.00
 Total \$50.00
 04/007

County Division Code: AL040
 Inst. # 2018077928 Pages: 1 of 3
 I certify this instrument filed on
 7/28/2018 8:37 AM Doc: PTRAMD
 Alan L. King, Judge of Probate
 Jefferson County, AL. Rec: \$63.00

Clerk: DAVENPORT

(For SOS Office Use Only)

PURPOSE: In order to amend a Certificate of Limited Partnership to reflect changes to the Partnership under Section 10A-9-2.02 of the Code of Alabama 1975 this Amendment along with any necessary attachments and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the Certificate of Limited Partnership was originally filed.

INSTRUCTIONS: Submit two (2) signed originals of this completed Amendment along with any necessary attachments and the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's original Certificate of Limited Partnership was filed. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fees and the Judge of Probate's Office will transmit the fees along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the Amendment is issued. The Secretary of State filing fee is \$50.00.

This form must be typed or laser printed.

RECEIVED DATE
 JUL 30 2018
 SECRETARY OF STATE
 OF ALABAMA

1. The registered full legal name of the Limited Partnership from the filed Certificate of Limited Partnership:
HealthSouth of Sea Pines Limited Partnership
2. Date the Certificate of Limited Partnership was filed in the county (mm/dd/yyyy): 12/ 29 / 1994
County in which Certificate of Limited Partnership was filed: Jefferson
3. Alabama Entity ID Number (Format: 000-000): 502 - 078

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the number on our website at www.sos.alabama.gov under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

4. A Limited Partnership shall promptly deliver for filing in accordance with Section 10A-9-2.06 an Amendment to a Certificate of Limited Partnership to reflect:
 - the admission of a new general partner – information provided must include the new general partner's name, street address, mailing address, and signature;
 - the dissociation of a person as a general partner; or
 - the appointment of a person to wind up the limited partnership's activities under Section 10A-9-8.03 (c) or (d) – requires full information and signature accepting appointment.

Also, a general partner that knows that any information in a filed Certificate of Limited Partnership has become false due to changed circumstances shall promptly cause the Certificate to be amended.

DOMESTIC LIMITED PARTNERSHIP (LP) AMENDMENT OF CERTIFICATE

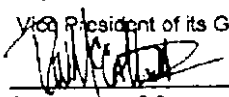
5. Specify the information to be amended from the original Certificate (specify attachment if necessary):

The name of the limited partnership is Sea Pines Rehabilitation Hospital Limited Partnership

*The name change will become effective on October 1, 2018

6. New information to replace information which has changed since the Certificate of Limited Partnership was filed (specify attachment if necessary):

07 / 25 / 2018
Date

Robert W. McCallum, III
Typed or Printed Name of General Partner Signing Document
Vice President of its General Partner, Encompass Health Sea Pines Holdings, LLC

Signature of General Partner

Alabama
Sec. Of State
Entity Change
502-078 DLP
Date 7/30/2018
Time 9:32
180730 4 Pg
File \$50.00
Ackn \$.00
Exp \$.00

Total \$50.00
04/007

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Sea Pines Rehabilitation Hospital Limited Partnership

This name reservation is for the exclusive use of HealthSouth of Sea Pines Limited Partnership, 9001 Liberty Parkway, Birmingham, AL 35242, AL 35242 for a period of one year beginning June 29, 2018 and expiring June 29, 2019

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.

June 29, 2018

Date



RES803242

John H. Merrill

Secretary of State

Jefferson County

I, the Undersigned, as Judge of Probate in and for said County, in said State, hereby certify that the foregoing is a full, true and correct copy of the instrument with the filing of same as appears of record in this office, I.I.# 2018077928

Given under my hand and official seal, this the 26 day of July, 2018

Alan L. Kriz
Judge of Probate