

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H180002361053)))



H180002361053ABC-

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

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

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

Electronic Filing Menu

Corporate Filing Menu

Help

✓ SALY

AUG 14 2018

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

**AMENDMENT TO CERTIFICATE OF AUTHORITY
 FOR
 FOREIGN LIMITED PARTNERSHIP OR
 LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
HealthSouth of Sea Pines Limited Partnership
2. The jurisdiction of its formation is: Alabama
3. The date the entity was authorized to transact business in Florida is: 12/30/1994
4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:
Sea Pines Rehabilitation Hospital Limited Partnership

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LL.LP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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:

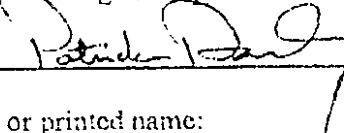
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ 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 old, 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

J. H. Merrill

John H. Merrill

Secretary of State

STATE OF ALABAMA

DOMESTIC LIMITED PARTNERSHIP
AMENDMENT OF CERTIFICATE OF LIMITED PARTNERSHIP

Sec. Of State
Entity Change DLP
Date 7/30/2018
Time 9:32
180730 4 pg
File \$50.00
Ackn \$5.00
Exp \$5.00
Total \$60.00
04/007

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.

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)

RECEIVED DATE
JUL 30 2018

SECRETARY OF STATE
OF ALABAMA

This form must be typed or laser printed.

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):
- _____
- _____
- _____
- _____
- _____

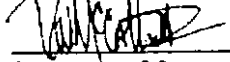
07 / 25 / 2018

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
S02-078 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



RES803242

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

A handwritten signature in cursive script, reading "J. H. Merrill".

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