

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000036500

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**8000045218CC**

**Entity Name:** ENCOMPASS HEALTH REHABILITATION HOSPITAL OF PANAMA CITY, INC.

**Current Principal Place of Business:**

1847 FLORIDA AVE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

9001 LIBERTY PARKWAY  
BIRMINGHAM, AL 35242 US

**FEI Number: 63-1119356**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           COLTHARP, DOUGLAS E.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title           SECRETARY  
Name           DARBY, PATRICK  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title           VP  
Name           MCCALLUM, ROBERT W. III  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title           TREASURER  
Name           FAY, EDMUND M.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title           DIRECTOR  
Name           DARBY, PATRICK  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title           DIRECTOR  
Name           JACOBSMEYER, BARBARA A  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title           DIRECTOR  
Name           COLTHARP, DOUGLAS E  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT W. MCCALLUM, III**

**VICE PRESIDENT**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date