

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000036500

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, DIRECTOR  
Name            COLTHARP, DOUGLAS E.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            SECRETARY, VP, DIRECTOR  
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            VP  
Name            PRICE, ANDREW L.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

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

Title            VP  
Name            WILSON, J. RYAN  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            VP  
Name            WISNER, ROBERT M.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

**Continues on page 2**

*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**

**03/27/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LEASURE, STEPHEN D.  
Address 9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title VP  
Name BOYLE, THOMAS H.  
Address 9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title VP  
Name WAGLEY, RONNIE  
Address 9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title VP  
Name BALL, EDMUND H.  
Address 9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title VP  
Name LEWIS, MELANIE  
Address 9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242