

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000682

Entity Name: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF MARTIN COUNTY, LLC**Current Principal Place of Business:**5850 SE COMMUNITY DRIVE
STUART, FL 34997**Current Mailing Address:**9001 LIBERTY PARKWAY
BIRMINGHAM, AL 35242 US**FEI Number:** 27-4895765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name LORD, ROBERT JR.
Address 200 SE HOSPITAL AVE
City-State-Zip: STUART FL 34995

Title AUTHORIZED REPRESENTATIVE
Name CLEAVER, CHARLES
Address 200 SE HOSPITAL AVE
City-State-Zip: STUART FL 34995

Title AUTHORIZED REPRESENTATIVE
Name WILDER, LINDA
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title AUTHORIZED REPRESENTATIVE
Name CONN, KEVIN
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title AUTHORIZED REPRESENTATIVE
Name KLEMENTZ, DAVID
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title AUTHORIZED REPRESENTATIVE
Name HOUSE, BILL
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID KLEMENTZ**AUTHORIZED
REPRESENTATIVE****04/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date