

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003889

**Entity Name:** ENCOMPASS HEALTH REHABILITATION HOSPITAL OF  
ALTAMONTE SPRINGS, LLC

**Current Principal Place of Business:**

831 SOUTH STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

9001 LIBERTY PARKWAY  
TAX DEPT  
BIRMINGHAM, AL 35242 US

**FEI Number:** 45-2905189

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGR  
Name DARBY, PATRICK  
Address 9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

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

Title MGR  
Name DUCK, JULIE  
Address 9001 LIBERTY PARKWY  
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:** PATRICK DARBY

**MANAGER**

**04/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date