

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003077

**Entity Name:** HEALTHSOUTH REHABILITATION HOSPITAL OF LARGO, LLC

**Current Principal Place of Business:**

901 CLEARWATER LARGO ROAD NORTH  
LARGO, FL 33770

**Current Mailing Address:**

3660 GRANDVIEW PARKWAY  
200  
BIRMINGHAM, AL 35243 US

**FEI Number:** 63-1134645

**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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           JACOBSMEYER, BARBARA A.  
Address       3660 GRANDVIEW PARKWAY  
                  200  
City-State-Zip: BIRMINGHAM AL 35243

Title           MANAGER  
Name           COLTHARP, DOUGLAS E.  
Address       3660 GRANDVIEW PARKWAY  
                  200  
City-State-Zip: BIRMINGHAM AL 35243

Title           MANAGER  
Name           DARBY, PATRICK  
Address       3660 GRANDVIEW PARKWAY  
                  200  
City-State-Zip: BIRMINGHAM AL 35243

*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**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date