I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my			
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: ROBERT W. MCCALLUM, III	AUTHORIZED	04/09/2024	

REPRESENTATIVE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF FORT MYERS, LLC

Current Principal Place of Business:

9001 LIBERTY PKWY BIRMINGHAM, AL 35242

### **Current Mailing Address:**

9001 LIBERTY PKWY BIRMINGHAM, AL 35242

## FEI Number: 85-4286104

### 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

# Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	ENCOMPASS HEALTH CORPORATION	Name	MCCALLUM, ROBERT W. III
Address	9001 LIBERTY PKWY	Address	9001 LIBERTY PKWY
City-State-Zip:	BIRMINGHAM AL 35242	City-State-Zip:	BIRMINGHAM AL 35242

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FILED Apr 09, 2024

Secretary of State

Certificate of Status Desired: No

Date

# 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# M20000011620

Date