

**2019 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000533

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**3757382946CC**

**Entity Name:** SEA PINES REHABILITATION HOSPITAL LIMITED PARTNERSHIP

**Current Principal Place of Business:**

101 EAST FLORIDA AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

9001 LIBERTY PKWY  
TAX DEPT  
BIRMINGHAM, AL 35242 US

**FEI Number:** 63-1134647

**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

**General Partner Detail :**

Document #

Name ENCOMPASS HEALTH SEA PINES HOLDINGS, LLC

Address 9001 LIBERTY PKWY TAX DEPT

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT W. MCCALLUM, III

**VP OF THE GENERAL PARTNER**

**02/26/2019**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date