2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001763

Entity Name: ENCOMPASS HEALTH AUXILIARY CORPORATION

Current Principal Place of Business:

9001 LIBERTY PARKWAY
BIRMINGHAM, AL 35242

Current Mailing Address:

9001 LIBERTY PARKWAY
BIRMINGHAM, AL 35242 US

FEI Number: 46-5416575

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

Officer/Director Detail :

Title	DIRECTOR		Title	DIRECTOR
Name	DARBY, PATRICK		Name	PRICE, ANDREW L.
Address	9001 LIBERTY PARKWAY		Address	9001 LIBERTY PARKWAY
City-State-Zip:	BIRMINGHAM AL 35242		City-State-Zip:	BIRMINGHAM AL 35242
Title	PRESIDENT		Title	SECRETARY, TREASURER
Name	PEARSON, MARCA		Name	CARLEE, KAREN
Address	9001 LIBERTY PARKWAY		Address	9001 LIBERTY PARKWAY
City-State-Zip:	BIRMINGHAM AL 35242		City-State-Zip:	BIRMINGHAM AL 35242
Title	DIRECTOR		Title	DIRECTOR
Name	DUCK, JULIA L.		Name	CUNNINGHAM, MELODY B.
Address	9001 LIBERTY PARKWAY		Address	9001 LIBERTY PARKWAY
City-State-Zip:	BIRMINGHAM AL 35242		City-State-Zip:	BIRMINGHAM AL 35242
Title	DIRECTOR			
Name	CARLEE, KAREN E.			
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered*.

SIGNATURE: KAREN E. CARLEE   SECRETARY   04/24/2019

Electronic Signature of Signing Officer/Director Detail	Date