

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED
Jun 28, 2020
Secretary of State
3379193681CC**

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
Name DARBY, PATRICK
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR
Name PRICE, ANDREW L.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title PRESIDENT
Name PEARSON, MARCA
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title SECRETARY, TREASURER,
DIRECTOR
Name CARLEE, KAREN
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR
Name DUCK, JULIA L.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP, DIRECTOR
Name CUNNINGHAM, MELODY B.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR
Name FAULKNER, NANCY A.
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 CARLEE

SECRETARY

06/28/2020

Electronic Signature of Signing Officer/Director Detail

Date