

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001763

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC0352611813**

**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           LEVY, CHERYL B.  
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  
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           DIRECTOR  
Name           CUNNINGHAM, MELODY B.  
Address        9001 LIBERTY PARKWAY  
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**

**05/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date