

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001296

FILED
Mar 02, 2009
Secretary of State

Entity Name: ENCOMPASS HEALTH MANAGEMENT SYSTEMS CORPORATION

Current Principal Place of Business:

6000 WESTOWN PARKWAY, STE. 350E
WEST DES MOINES, IA 50266

New Principal Place of Business:

1776 WEST LAKES PARKWAY
WEST DES MOINES, IA 50266

Current Mailing Address:

6000 WESTOWN PARKWAY, STE. 350E
WEST DES MOINES, IA 50266

New Mailing Address:

1776 WEST LAKES PARKWAY
WEST DES MOINES, IA 50266

FEI Number: 42-0992483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LOVASZ, DON
Address: 6000 WESTOWN PARKWAY, STE. 350E
City-St-Zip: WEST DES MOINES, IA 50266

Title: SCFO () Delete
Name: STURM, DENISE
Address: 6000 WESTOWN PARKWAY, STE. 350E
City-St-Zip: WEST DES MOINES, IA 50266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: LOVASZ, DON
Address: 1776 WEST LAKES PARKWAY
City-St-Zip: WEST DES MOINES, IA 50266

Title: SEC (X) Change () Addition
Name: LOVASZ, DON
Address: 1776 WEST LAKES PARKWAY
City-St-Zip: WEST DES MOINES, IA 50266

Title: TREA () Change (X) Addition
Name: LOVASZ, DON
Address: 1776 WEST LAKES PARKWAY
City-St-Zip: WEST DES MOINES, IA 50266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON LOVASZ

CEO

03/02/2009

Electronic Signature of Signing Officer or Director

Date