

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001296

FILED
Jan 06, 2010
Secretary of State

Entity Name: ENCOMPASS HEALTH MANAGEMENT SYSTEMS CORPORATION

Current Principal Place of Business:

1776 WEST LAKES PARKWAY
WEST DES MOINES, IA 50266

New Principal Place of Business:

Current Mailing Address:

1776 WEST LAKES PARKWAY
WEST DES MOINES, IA 50266

New Mailing Address:

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
Name: LOVASZ, DON
Address: 1776 WEST LAKES PARKWAY
City-St-Zip: WEST DES MOINES, IA 50266

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DON LOVASZ

CEO

01/06/2010

Electronic Signature of Signing Officer or Director

Date