

8/3/2018

Division of Corporations

M1000003741

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000226520 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTHSOUTH REHABILITATION HOSPITAL OF MARION
COUNTY**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2018 AUG -3 PM 11:44

FILED
18 AUG -3 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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SIMMONS
AUG 06 2018

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HealthSouth Rehabilitation Hospital of Marion County, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M10000003741

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/24/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Encompass Health Rehabilitation Hospital of Ocala, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

*the effective date of the name change is 10/01/2018

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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18 AUG -3 PM 12:15
CLERK OF CIRCUIT
JUDICIAL CIRCUIT
IN FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Robert W. McCallum, III - Vice President

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HEALTHSOUTH REHABILITATION HOSPITAL OF MARION COUNTY, LLC", CHANGING ITS NAME FROM "HEALTHSOUTH REHABILITATION HOSPITAL OF MARION COUNTY, LLC" TO "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF OCALA, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF JULY, A.D. 2018, AT 10:52 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF OCTOBER, A.D. 2018.



4863659 8100
SR# 20185490276

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203010375
Date: 07-05-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:52 AM 07/03/2018
FILED 10:52 AM 07/03/2018
SR 20185490276 - File Number 4863659

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
TO CERTIFICATE OF FORMATION**

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act, this Certificate of Amendment is being executed by HealthSouth Rehabilitation Hospital of Marion County, LLC (the "Company") for the purpose of amending its Certificate of Formation as provided herein:

1. The name of the Company is HealthSouth Rehabilitation Hospital of Marion County, LLC.

2. Paragraph 1 of the Certificate of Formation of the Company is amended in its entirety to read as follows:

"1. The name of the limited liability company is Encompass Health Rehabilitation Hospital of Ocala, LLC."

3. This Certificate of Amendment shall be effective on October 1, 2018.

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to be executed by its duly authorized person this 3rd day of July, 2018.

**HEALTHSOUTH REHABILITATION
HOSPITAL OF MARION COUNTY, LLC**

By: _____

Patrick Darby
Its Vice President