

8/3/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Phone : (614)280-3338  
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Email Address: \_\_\_\_\_

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
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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 Sarasota, 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: M12000003083

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/31/2012

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

5. New name of the limited liability company: Encompass Health Rehabilitation Hospital of Sarasota, 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 "L.L.C.")

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.*

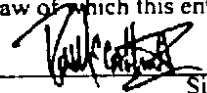
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(c), 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 |
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|                        |             |                | <input type="checkbox"/> Add    |
|                        |             |                | <input type="checkbox"/> Remove |

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 SARASOTA, LLC", CHANGING ITS NAME FROM "HEALTHSOUTH REHABILITATION HOSPITAL OF SARASOTA, LLC" TO "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SARASOTA, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF JULY, A.D. 2018, AT 10:57 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.



5162473 8100  
SR# 20185490282

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203010417  
Date: 07-05-18

**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 Sarasota, 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 Sarasota, 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 Sarasota, 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 3<sup>rd</sup> day of July, 2018.

**HEALTHSOUTH REHABILITATION  
HOSPITAL OF SARASOTA, LLC**

By: \_\_\_\_\_

Patrick Darby  
Its Vice President