

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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 REGISTERED AGENT CHANGE  
HEALTHSOUTH REHABILITATION HOSPITAL OF MANATEE  
COUNT

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

FEB 20 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthSouth Rehabilitation Hospital of Manatee County, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Lester

Name of Person

HealthSouth

Firm/Company

3660 Grandview Parkway Suite 200

Address

Birmingham AL 35243

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (            )

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (12/13)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: HealthSouth Rehabilitation Hospital of Manatee County, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_  
 (Note: **MUST BE STREET ADDRESS**) \_\_\_\_\_

(b) Mailing address of limited liability company: \_\_\_\_\_  
 (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

02/17/2014 M1400001089  
 3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Pennington, P.A.

Registered Office Address: 215 South Monroe Street  
2nd Floor  
Tallahassee FL 32302

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** C T Corporation System

**NEW Registered Office Address:** 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
 Signature of a member or authorized representative of a member

Robert W. McCallum, III, Vice President  
 Printed or typed name of signer

*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.*

By: [Signature]  
 Signature of Registered Agent Nathan S. Giffin Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00

INH916 (12/13)