

6/3/22, 11:21 AM

Division of Corporations

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Florida Department of State
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To:

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Account Name : C T CORPORATION SYSTEM
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Foreign Limited Liability Company
Encompass Health Rehabilitation Hospital of Wildwood, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. FRANKLIN

JUN 06 2022

Electronic Filing Menu

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Encompass Health Rehabilitation Hospital of Wildwood, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 9001 Liberty Parkway
(Street Address of Principal Office)

6. 9001 Liberty Parkway
(Mailing Address)

Birmingham, AL 35242

Birmingham, AL 35242

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

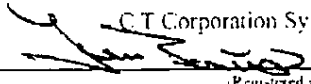
Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

By:  C.T. Corporation System Terrie Bates, Assistant Secretary
(Registered agent's signature)

2022 JUL -3 AM 10:38

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Patrick Darby</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Douglas E. Coltharp</u>
<input type="checkbox"/> Member	Address: <u>9001 Liberty Parkway</u>	<input type="checkbox"/> Member	Address: <u>9001 Liberty Parkway</u>
<input type="checkbox"/> Authorized	<u>Birmingham, AL 35242</u>	<input type="checkbox"/> Authorized	<u>Birmingham, AL 35242</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Julie Duck</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>9001 Liberty Parkway</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Birmingham, AL 35242</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Robert W. McCallum, III

Signature of an authorized person

Robert W. McCallum, III . Vice President

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF WILDWOOD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2022 JUN -3 AM 10:33



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Jeffrey W. Bullock, Secretary of State

Authentication: 203587905