

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036500

Entity Name: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF PANAMA CITY, INC.

Current Principal Place of Business:

1847 FLORIDA AVE
PANAMA CITY, FL 32405

Current Mailing Address:

9001 LIBERTY PARKWAY
BIRMINGHAM, AL 35242 US

FEI Number: 63-1119356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name COLTHARP, DOUGLAS E.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title SECRETARY, VP, DIRECTOR
Name DARBY, PATRICK
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name MCCALLUM, ROBERT W. III
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title TREASURER
Name FAY, EDMUND M.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name PRICE, ANDREW L.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR
Name DUCK, JULIE
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name WILSON, J. RYAN
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name WAGLEY, RONNIE
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Continues on page 2

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: ROBERT W. MCCALLUM, III

VICE PRESIDENT

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name LEASURE, STEPHEN D.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name BOYLE, THOMAS H.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name BALL, EDMUND H.
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title VP
Name LEWIS, MELANIE
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242