2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000682

Entity Name: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF

MARTIN COUNTY, LLC

Current Principal Place of Business:

5850 SE COMMUNITY DRIVE STUART, FL 34997

Current Mailing Address:

9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242 US

FEI Number: 27-4895765 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 22, 2019

Secretary of State

6526783323CC

Authorized Person(s) Detail:

Title AUTHORIZED REPRESENTATIVE Title AUTHORIZED REPRESENTATIVE

NameLORD, ROBERT JR.NameCLEAVER, CHARLESAddress200 SE HOSPITAL AVEAddress200 SE HOSPITAL AVECity-State-Zip:STUART FL 34995City-State-Zip:STUART FL 34995

Title AUTHORIZED REPRESENTATIVE Title AUTHORIZED REPRESENTATIVE

Name WILDER, LINDA Name CONN, KEVIN

Address 9001 LIBERTY PARKWAY Address 9001 LIBERTY PARKWAY

City-State-Zip: BIRMINGHAM AL 35242 City-State-Zip: BIRMINGHAM AL 35242

Title AUTHORIZED REPRESENTATIVE Title AUTHORIZED REPRESENTATIVE

Name KLEMENTZ, DAVID Name HOUSE, BILL

Address 9001 LIBERTY PARKWAY Address 9001 LIBERTY PARKWAY

City-State-Zip: BIRMINGHAM AL 35242 City-State-Zip: BIRMINGHAM AL 35242

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID KLEMENTZ

AUTHORIZED REPRESENTATIVE 04/22/2019