

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000682

FILED
Mar 30, 2015
Secretary of State
CC4090056251

Entity Name: HEALTHSOUTH REHABILITATION HOSPITAL OF MARTIN COUNTY, LLC

Current Principal Place of Business:

5850 SE COMMUNITY DRIVE
STUART, FL 34997

Current Mailing Address:

3660 GRANDVIEW PARKWAY STE 200
TAX DEPT
BIRMINGHAM, AL 35243 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

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name ROBITAILLE, MARK
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE
Name LORD, ROBERT
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE
Name CLEAVER, CHARLES
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE
Name WILDER, LINDA
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE
Name CONN, KEVIN
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE
Name KLEMENTZ, DAVID
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE
Name HOUSE, BILL
Address 3660 GRANDVIEW PARKWAY STE 200
City-State-Zip: BIRMINGHAM AL 35243

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: MARK ROBITAILLE

AUTHORIZED
REPRESENTATIVE

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date