

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000682

FILED
Apr 09, 2023
Secretary of State
1826285977CC

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

FEI Number: 27-4895765

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

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name CATO, DAVE
Address 200 SE HOSPITAL AVE
City-State-Zip: STUART FL 34995

Title AUTHORIZED REPRESENTATIVE
Name BLANCHARD, CHARMAINE
Address 5850 SE COMMUNITY DRIVE
City-State-Zip: STUART FL 34997

Title AUTHORIZED REPRESENTATIVE
Name BEDARD, LORI
Address 9001 LIBERTY PARKWAY
City-State-Zip: BIRMINGHAM AL 35242

Title AUTHORIZED REPRESENTATIVE
Name SASIDAR, MADHU DR.
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

Title AUTHORIZED REPRESENTATIVE
Name MIRANDA, IVETTE
Address 5850 SE COMMUNITY DRIVE
City-State-Zip: STUART FL 34997

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: CHARMAINE BLANCHARD

**AUTHORIZED
REPRESENTATIVE**

04/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date