

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1100000682

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**7123410553CC**

**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

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name LORD, ROBERT JR.  
Address 200 SE HOSPITAL AVE  
City-State-Zip: STUART FL 34995

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

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

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

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: KEVIN CONN**

**AUTHORIZED  
REPRESENTATIVE**

**06/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date