

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003998

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC1208884569**

**Entity Name:** HEALTHSOUTH REHABILITATION HOSPITAL OF POLK COUNTY, LLC

**Current Principal Place of Business:**

3660 GRANDVIEW PARKWAY, SUITE 200  
BIRMINGHAM, AL 35243

**Current Mailing Address:**

3660 GRANDVIEW PARKWAY, SUITE200  
BIRMINGHAM, AL 35243

**FEI Number: 46-0593619**

**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 MGR  
Name WHITTINGTON, JOHN P  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title MGR  
Name TARR, MARK J  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title MGR  
Name COLTHARP, DOUGLAS E  
Address 3660 GRANDVIEW PARKWAY, SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title VP  
Name LANGLEY, THOMAS E  
Address 3660 GRANDVIEW PARKWAY 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS E. LANGLEY**

**VICE PRESIDENT**

**04/02/2013**

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

\_\_\_\_\_  
Date