

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011620

**Entity Name:** ENCOMPASS HEALTH REHABILITATION HOSPITAL OF FORT MYERS, LLC

**FILED**  
**Feb 17, 2022**  
**Secretary of State**  
**9763831867CC**

**Current Principal Place of Business:**

9001 LIBERTY PKWY  
BIRMINGHAM, AL 35242

**Current Mailing Address:**

9001 LIBERTY PKWY  
BIRMINGHAM, AL 35242

**FEI Number: 85-4286104**

**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	Title	MGR
Name	DARBY, PATRICK	Name	JACOBSMEYER, BARBARA A
Address	9001 LIBERTY PKWY	Address	9001 LIBERTY PKWY
City-State-Zip:	BIRMINGHAM AL 35242	City-State-Zip:	BIRMINGHAM AL 35242
Title	MGR		
Name	COLTHARP, DOUGLAS E		
Address	9001 LIBERTY PKWY		
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: PATRICK DARBY**

**MANAGER**

**02/17/2022**

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

\_\_\_\_\_  
Date