

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011620

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

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**0767874447CC**

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	ENCOMPASS HEALTH CORPORATION	Name	MCCALLUM, ROBERT W. III
Address	9001 LIBERTY PKWY	Address	9001 LIBERTY PKWY
City-State-Zip:	BIRMINGHAM AL 35242	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: ROBERT W. MCCALLUM, III

AUTHORIZED  
REPRESENTATIVE

04/09/2024

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

\_\_\_\_\_  
Date