

**FO 4000000 104**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

**FOREIGN PROFIT QUALIFICATION**

**Select Medical Rehabilitation Services, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA  
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04 JAN -7 PM 12:19  
DIVISION OF CORPORATION

00-104

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Select Medical Rehabilitation Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 25-1805051

(FEI number, if applicable)

4. 01/06/98

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

7. 4716 Old Gettysburg Road, Mechanicsburg, PA 17055

(Principal office address)

4716 Old Gettysburg Road, Mechanicsburg, PA 17055

(Current mailing address)

8. Operates outpatient physical rehabilitation services.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: Margaret E. Routzahn

(Registered agent's signature)

MARGARET E. ROUTZAHN  
Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

Chairman: Please see attached list.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Please see attached list.

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Please see attached list.

Address: \_\_\_\_\_

Vice President: Please see attached list.

Address: \_\_\_\_\_

Secretary: Please see attached list.

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kenneth L. Moore

(Signature of Director or Officer listed in number 12 of the application)

14. Kenneth L. Moore Vice President & Asst. Secretary

(Typed or printed name and capacity of person signing application)

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# SELECT MEDICAL REHABILITATION SERVICES, INC.

## OFFICERS/DIRECTOR

NAME	OFFICE HELD	ADDRESS
Rocco A. Ortenzio	Sole Director, Chairman & CEO	4718 Old Gettysburg Road Mechanicsburg, PA 17055
Robert A. Ortenzio	President	4718 Old Gettysburg Road Mechanicsburg, PA 17055
Michael E. Tarvin	Vice President and Secretary	4720 Old Gettysburg Road Mechanicsburg, PA 17055
Martin F. Jackson	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Scott A. Romberger	Vice President, Treasurer and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Kenneth L. Moore	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Staci Rhodes Shelley	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Joel T. Veit	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
John F. Duggan	Vice President and Assistant Secretary	4720 Old Gettysburg Road Mechanicsburg, PA 17055
Donald J. Kaercher	Vice President	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Patricia A. Rice	Vice President	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Bill Anastassatos	Vice President	4716 Old Gettysburg Road Mechanicsburg, PA 17055

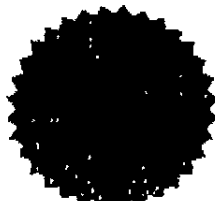
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TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT MEDICAL REHABILITATION SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2004.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2847853

DATE: 01-05-04