

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013963

FILED
Apr 12, 2006
Secretary of State

Entity Name: SELECT MEDICAL GROUP, LLC

Current Principal Place of Business:

2999 NE 191 STREET, SUITE 803
AVENTURA, FL 33180

New Principal Place of Business:

2999 NE 191ST STREET
406
AVENTURA, FL 33180

Current Mailing Address:

PO BOX 802431
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 65-1131601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARA, CATERINA
347 NW 45TH AVE.
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

FARA, CATERINA
2999 NE 191ST STREET
406
AVENTURA, FL 33180 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: _____ 04/12/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAZ 18 HOLDINGS, INC, .
Address: 100 MERIDAN AVE, #236
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: OMEGA 44, INC,
Address: 100 MERIDIAN AVE., #236
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAZ 18 HOLDINGS, INC, .
Address: 22 NORTH HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: OMEGA 44, INC,
Address: P.O. BOX 802431
City-St-Zip: AVENTURA, FL 33280

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MARK ZHUK MGR 04/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date