

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013963

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** SELECT MEDICAL GROUP, LLC

**Current Principal Place of Business:**

2999 NE 191ST STREET  
406  
AVENTURA, FL 33180

**New Principal Place of Business:**

**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  
2999 NE 191ST STREET  
406  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

MM

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date