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Division of Corporations

CT CORPORATION

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P.01

P.01  
Page 1 of 1

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Florida Department of State  
Division of Corporations  
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2004 NOV 10 A 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To: Division of Corporations  
Fax Number : (850)205-0380

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

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**REGISTERED AGENT CHANGE**

**SELECT MEDICAL PROPERTY VENTURES, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

2004 NOV 10 A 9:0  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. The name of the corporation: Select Medical Property Ventures, LLC
2. The principal office address: 2461 McMullen Booth Road, Clearwater, FL 33759
3. The mailing address (if different): 4716 Old Gettysburg Rd., Mechanicsburg, PA 17055
4. Date of incorporation/qualification: 5/25/04 Document number: M04000002005

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Michael E. Tarrin Vice President & Sec.
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System

By: [Signature]
(Signature of Registered Agent)

November 10, 2004
(Date)

If signing on behalf of an entity: Assistant Vice President

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314