

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002005

**FILED**  
**Apr 02, 2008**  
**Secretary of State**

**Entity Name:** SELECT MEDICAL PROPERTY VENTURES, LLC

**Current Principal Place of Business:**

2461 MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

4716 OLD GETTYSBURG ROAD  
MECHANICSBURG, PA 17055

**New Mailing Address:**

4714 GETTYSBURG ROAD  
LEGAL DEPT  
MECHANICSBURG, PA 17055

FEI Number: 30-0255029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: SELECT MEDICAL CORPO, RATION  
Address: 4716 OLD GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH SVIRBLY

EC

04/02/2008

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