

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000083185 (5)**

1. Corporation Name
SELECT MEDICAL, INC.



Principal Place of Business: **116 SAN REMO BLVD. NORTH LAUDERDALE FL 33068**
Mailing Address: **116 SAN REMO BLVD. NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified: **10/03/1995**
3a. Date of Last Report

| | | | | | | | | | | |
|----|-------------------------------------------------------------|----|--------------------------------------------------|----|-----------------------------------------------------|---------------------------------------------------------|---------|----|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 21 | 2. Principal Place of Business 4736 S.W. 74TH AVE | 26 | 2a. Mailing Address 4736 S.W. 74TH AVE | 4. | FEI Number 65-0616735 | Applied For | | | | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required | | | | |
| 23 | 23 City & State MIAMI, FL | 28 | 28 City & State MIAMI, FL | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 24 | 24 Zip 33155 | 25 | Country | 29 | 29 Zip 33155 | 30 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

CORTIJO, DAVID
116 SAN REMO BLVD.
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

| | |
|----|---------------------------------------------------------------------------------|
| 81 | Name MARIA T. PEREZ |
| 82 | Street Address (P.O. Box Number is Not Acceptable) 4736 S.W. 74TH AVE |
| 83 | |
| 84 | City MIAMI |
| 85 | Zip Code FL 33155 |

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Maria T. Perez* **MARIA T. PEREZ** **5/9/96**
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORTIJO, DAVID | 1.2 NAME | MARIA T. PEREZ |
| STREET ADDRESS | 116 SAN REMO BLVD. | 1.3 STREET ADDRESS | 4736 S.W. 74TH AVE |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | 1.4 CITY-ST-ZIP | MIAMI, FL 33155 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria T. Perez* **MARIA T. PEREZ** **5/9/96** **2661829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)