

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083690

Entity Name: SELECT MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

2925 AVENTURA BLVD
100
AVENTURA, FL 33180

Current Mailing Address:

P.O. BOX 802431
AVENTURA, FL 33280

FEI Number: 20-5431466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZHUK, MARK
2925 AVENTURA BVD
100
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SELECT MEDICAL GROUP, LLC
Address P.O. BOX 802431
City-State-Zip: AVENTURA FL 33280

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK ZHUK

MANAGING MEMBER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date