

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075613

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

**Current Principal Place of Business:**

2925 AVENTURA BLVD.  
SUITE 100  
AVENTURA, FL 33180

**Current Mailing Address:**

PO BOX 802431  
AVENTURA, FL 33280 US

**FEI Number:** 27-0895889

**Certificate of Status Desired:** No

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

FARA, CATHY  
2925 AVENTURA BLVD  
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 MAZ 18 HOLDINGS, INC.  
Address PO BOX 802431  
City-State-Zip: AVENTURA FL 33280

Title MGRM  
Name OMEGA 44, INC  
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