

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002005

Entity Name: SELECT MEDICAL PROPERTY VENTURES, LLC

Current Principal Place of Business:

4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055

Current Mailing Address:

4714 GETTYSBURG ROAD
LEGAL DEPT
MECHANICSBURG, PA 17055

FEI Number: 30-0255029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VPS
Name TARVIN, MICHAEL E
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title PRESIDENT
Name CHERNOW, DAVID S
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title TREASURER
Name ROMBERGER, SCOTT A
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title VP
Name DUGGAN, JOHN F
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title MANAGER
Name SELECT MEDICAL CORPORATION
Address 4714 GETTYSBURG ROAD
LEGAL DEPT
City-State-Zip: MECHANICSBURG PA 17055

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SELECT MEDICAL CORPORATION

MANAGER

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date