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 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

above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E. TARVIN

Electronic Signature of Signing Officer/Director Detail

Entity Name: SELECT SPECIALTY HOSPITAL - ORLANDO, INC.

Current Principal Place of Business:

4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055

Current Mailing Address:

4714 GETTYSBURG ROAD LEGAL DEPT MECHANICSBURG, PA 17055

FEI Number: 37-1426852

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	Р	Title	VPS
Name	CHERNOW, DAVID S	Name	TARVIN, MICHAEL E
Address	4714 GETTYSBURG ROAD	Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055	City-State-Zip:	MECHANICSBURG PA 17055
Title	VPT	Title	VPAS
Title Name	VPT ROMBERGER, SCOTT A	Title Name	VPAS DUGGAN, JOHN F
Name	ROMBERGER, SCOTT A	Name	DUGGAN, JOHN F

SECRETARY

05/01/2018

Date

FILED May 01, 2018 Secretary of State CC5902366561

Date