

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2015
Secretary of State
CC8326693863

Entity Name: SELECT MEDICAL REHABILITATION SERVICES, 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: 25-1805051

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

Officer/Director Detail :

Title DIR
Name ORTENZIO, ROBERT A
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title CEO
Name ORTENZIO, ROBERT A
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title P
Name ORTENZIO, ROBERT A
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title VPS
Name TARVIN, MICHAEL E
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title VPAS
Name JACKSON, MARTIN F
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

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

Title VPAS
Name DUGGAN, JOHN F
Address 4714 GETTYSBURG ROAD
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 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: JOHN F. DUGGAN

VICE PRESIDENT

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date