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CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

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Corporation(s) Name

Solat Specialty Hospital - Miami, Inc.

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
00 APR 25 PM 1:34

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC		
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Ch. RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
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Melanie Strickland

APR 25
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

Thank You!

00 APR 25 AM 11:40

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Bjz

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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1. Select Specialty Hospital-Miami, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 25-1855474
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 14 February, 2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. May, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4716 Old Gettysburg Road
Mechanicsburg, PA 17055
(Current mailing address)
8. Operates long term acute care hospital
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(Zip code)
10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
C T Corporation System
Conie Bryan Conie Bryan, Special Asst. Secy.
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Rocco A. Ortenzio

Address: 4716 Old Gettysburg Road

Mechanicsburg, PA 17055

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Rocco A. Ortenzio

Address: 4716 Old Gettysburg Road, Mechanicsburg, PA 17055

Vice President: Robert A. Ortenzio

Address: same as above

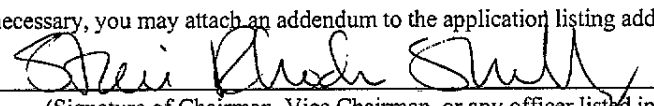
Secretary: Michael E. Tarvin

Address: same as above

Treasurer: Scott A. Romberger

Address: same as above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Staci Rhodes Shelley, Vice President and Assistant Secretary

(Typed or printed name and capacity of person signing application)

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Officers/Director List

EXHIBIT A

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BIRCHMOUNT CORPORATION

NAME	OFFICE HELD	ADDRESS
Rocco A. Ortenzio	Sole Director/Chairman/CEO	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Robert A. Ortenzio	President	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Michael E. Tarvin	Vice President and Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Martin F. Jackson	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Scott A. Romberger	Vice President, Treasurer, and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Kenneth L. Moore	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Staci Rhodes Shelley	Vice President and Assistant Secretary	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Patricia A. Rice	Vice President	4716 Old Gettysburg Road Mechanicsburg, PA 17055
Stevan B. Baird	Vice President	4716 Old Gettysburg Road Mechanicsburg, PA 17055

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT SPECIALTY HOSPITAL-MIAMI, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0394950

DATE:

04-21-00