

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000697

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SELECT SPECIALTY HOSPITAL - ORLANDO, INC.

## Current Principal Place of Business:

4714 GETTYSBURG ROAD  
LEGAL DEPT  
MECHANICSBURG, PA 17055

## New Principal Place of Business:

4714 GETTYSBURG ROAD  
MECHANICSBURG, PA 17055

## Current Mailing Address:

4714 GETTYSBURG ROAD  
LEGAL DEPT  
MECHANICSBURG, PA 17055

## New Mailing Address:

FEI Number: 37-1426852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: ORTENZIO, ROCCO A  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

Title: P ( ) Delete  
Name: ORTENZIO, ROBERT A  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS ( ) Delete  
Name: RICE, PATRICIA A  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPS ( ) Delete  
Name: TARVIN, MICHAEL E  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPT ( ) Delete  
Name: ROMBERGER, SCOTT A  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS ( ) Delete  
Name: DUGGAN, JOHN F  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E TARVIN

VPS

04/07/2009

Electronic Signature of Signing Officer or Director

Date