

F03000000611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

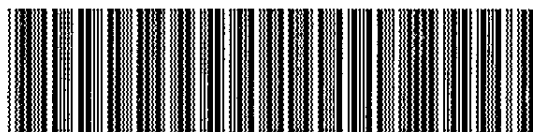
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

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Select Specialty Hospital - Madison, Inc.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS/ G/S | <input type="checkbox"/> Call When Ready |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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*Thank you,
Melanie*

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select Specialty Hospital - Marion, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wendy Gerberich, Paralegal

(Name of Person)

Select Medical Corporation

(Firm/Company)

4716 Old Gettysburg Road

(Address)

Mechanicsburg, PA 17055

(City/State and Zip code)

For further information concerning this matter, please call:

Wendy Gerberich

(Name of Person)

at (717) 975-4579

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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.

1. Select Specialty Hospital - Marion, 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

(State or country under the law of which it is incorporated)

3. Applied For

(FEI number, if applicable)

4. February 4, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4716 Old Gettysburg Road, Mechanicsburg, PA 17055

(Principal office address)

4716 Old Gettysburg Road, Mechanicsburg, PA 17055

(Current mailing address)

8. Will operate a 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

(City)

(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

By: Connie Bryan

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Rocco A. Ortenzio

Address: 4716 Old Gettysburg Road
Mechanicsburg, PA 17055

Vice Chairman: _____

Address: _____

Director: Rocco A. Ortenzio

Address: 4716 Old Gettysburg Road
Mechanicsburg, PA 17055

Director: _____

Address: _____

B. OFFICERS

President: Robert A. Ortenzio

Address: 4716 Old Gettysburg Road
Mechanicsburg, PA 17055

Vice President: John F. Duggan, Michael E. Tarvin, Martin F. Jackson, Ken Moore, Staci Shelley, Joel Veit, Pat Rice, Stevan Baird

Address: 4716 Old Gettysburg Road
Mechanicsburg, PA 17055

Secretary: Michael E. Tarvin

Address: 4716 Old Gettysburg Road, Mechanicsburg, PA 17055

Treasurer: Scott A. Romberger

Address: 4716 Old Gettysburg Road, Mechanicsburg, PA 17055

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

13. Michael E. Tarvin
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael E. Tarvin, Vice President and Secretary
(Typed or printed name and capacity of person signing application)

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SULLIVAN & ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

Delaware

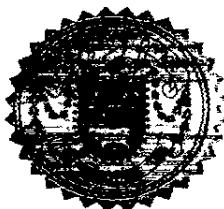
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT SPECIALTY HOSPITAL - MARION, 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 FIFTH DAY OF FEBRUARY, A.D. 2003.

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

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2003 FEB - 6 PM 1:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



3621719 8300

030078176

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2245203

DATE: 02-05-03