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Document Number Only C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 State Phone CRy 904-222-1092 CORPORATION(S) NAME *Profit () Merger () Amendment NonProfit () Limited Liability Company () Mark () Dissolution/Withdrawal (//Foreign () Limited Partnership () Annual Report ().Other () Change of R.A. () Reservation () Reinstatement () Fictitious Name () CUS / G/S () Photo Coples () Certified Copy () Call if Problem () After 4:30) Call When Ready Pick Up Walk In () Will Wait () Mail Out Name Availability PLEASE RETURN EXTRA COPY(S) 12:15 FILE STAMPED Document 2-6-03 Examiner Updater Veriller Acknowledgment W.P. Veriller

CR2E031 (1-89)

TRANSMITTAL LETTER

	tration Section on of Corpora				
SUBJECT:	Select Specia	ity Hospital - Orange, Inc.			
00202021			ration - must include suffix)		
Dear Sir or M	adam:				
	f Existence", a	and check are submitted	for Authorization to Transa to register the above referer		
Please return a	all correspond	ence concerning this m	atter to the following:		
Wendy Gerber	ich, Paralegal	·			
		(Nam	ne of Person)		ON O
Select Medical	l Corporation				3 F
		(Firm	/Company)		B
4716 Old Gett	ysburg Road				03 FLB -6 PH 2: 13
		(1	Address)	<u>-</u>	PM
Mechanicsburg	e. PA 17055				2: 1
<u></u>		(City/St	ate and Zip code)		ယ
For further in	formation con	cerning this matter, ple	ase call:		
Wendy Gerbe	rich	at (_717) 975-4579		
(Nam	ne of Person)		rea Code & Daytime Teleph	one Number)	
STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F	Section orporations St. FL 32399	following amount:	MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 3231	ons	
№ \$70.00 Fill		\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Certificate o	f Status &

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.

	y Hospital - Orange, Inc.		
		ATED", "COMPANY", "CORPORATION" or	
		arly indicate that it is a corporation instead of a	
natural person o	or partnership if not so contained in the name	at present.)	
2. Delaware		3. Applied For	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. February 4, 20		5. Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetu	al")
6. Upon Qualific		. <u> </u>	-
(Date first transa		not transacted business in Florida, insert "upon qualificat is 501, 607.1502 and 817.155, F.S.)	ion.")
7. 4716 Old Getty	sburg Road, Mechanicsburg, PA 17055		
•	(Principal office	address)	D
4716 Old Getty	sburg Road, Mechanicsburg, PA 17055		NA LEB -6 PH 2: 13
	(Current mailing ad	dress)	开翼
			B 9737
8. Will operate a	long-term acute care hospital		<u> </u>
(Purpose	(s) of corporation authorized in home state or	country to be carried out in state of Florida)	7 7 C C C
9 Name and st	reet address of Florida registered age	nt: (P.O. Box or Mail Drop Box NOT acceptable)	12 N
7. Rame and <u>st</u>	rect auditess of Piorida registered age	nt. (1.0. box of man brop box 1101_acceptante)	一一三至
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road,		
	Plantation,	, Florida <u>33324</u>	
	(City)	(Zip code)	
Having been na designated in th further agree to	is application, I hereby accept the appo comply with the provisions of all statu	service of process for the above stated corporation a pintment as registered agent and agree to act in this tes relative to the proper and complete performance	capacity. I
auties, and I am	familiar with and accept the obligation	• • •	
	C T Corpor	ration System	
Ву	1: Come Boyan		
<u>.</u>	(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	걒
Mechanicsburg, PA 17055	ž
Vice President: John F. Duggan, Michael E. Tarvin, Martin F. Jackson, Ken Moore, Staci Shelley, Joel Veit, Pat Rice, Stevan Baite	<u>. </u>
Address: 4716 Old Gettysburg Road	_
Mechanicsburg, PA 17055	<u>. </u>
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. Whate Javes	
13. (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)	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT SPECIALTY HOSPITAL - ORANGE, 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.

SECRETARY OF STATE SIVISION OF CORPORATIONS



Darriet Smith Windson Serroran of Sono

AUTHENTICATION: 2245209

DATE: 02-05-03

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