## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000790

Apr 11, 2011 Secretary of State

Entity Name: SELECT SPECIALTY HOSPITAL - TALLAHASSEE, INC.

Current Principal Place of Business: New Principal Place of Business:

4714 GETTSYBURG ROAD MECHANICSBURG, PA 17055

Current Mailing Address: New Mailing Address:

4714 GETTSYBURG ROAD LEGAL DEPT MECHANICSBURG, PA 17055

FEI Number: 56-2314944 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New 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

## **OFFICERS AND DIRECTORS:**

Title: CEO

Name: ORTENZIO, ROCCO A
Address: 4714 GETTSYBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: F

Name: ORTENZIO, ROBERT A
Address: 4714 GETTSYBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP

 Name:
 RICE, PATRICIA A

 Address:
 4714 GETTSYBURG ROAD

 City-St-Zip:
 MECHANICSBURG, PA 17055

Title: VPS

Name: TARVIN, MICHAEL E
Address: 4714 GETTSYBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: TREA

Name: ROMBERGER, SCOTT A
Address: 4714 GETTSYBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS

 Name:
 DUGGAN, JOHN F

 Address:
 4714 GETTSYBURG ROAD

 City-St-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: MICHAEL E TARVIN VPS 04/11/2011