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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926RECEIVED  
05 DEC -2 PM 12:33  
DIVISION OF CORPORATION

## FOREIGN PROFIT QUALIFICATION

Select Rehabilitation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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05 DEC -2 AM 10:06  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

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**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 Rehabilitation, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Illinois**

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

**3. 37-1378417**

(FBI number, if applicable)

**4. 11/17/1998**

(Date of incorporation)

**5. Perpetual**

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

**6.**

March 1, 2005

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 550 Frontage Road, Suite 2415, Northfield, IL 60093**

(Principal office address)

same

(Current mailing address)

**8. contract therapy and related health care services**

(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 NOT acceptable)**

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, 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.*

CT Corporation System

By: Connie Bryan

(Registered agent's signature)

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

**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:**

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**A. DIRECTORS**Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

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

12/02/2005 12:07 8502227615  
DEC-01-2005 16:57 CT CORP

CT CORP

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312 750 0660 P.04/05

**ATTACHMENT**  
**SELECT REHABILITATION, INC.**  
(IL domestic)

**OFFICERS**  
**NAME/TITLE**

**ADDRESS**

Neal H. Deutsch,  
Chief Executive Officer

550 Frontage Road  
#2415  
Northfield, IL 60093

Anna Gardina-Wolfe,  
President

550 Frontage Road  
#2415  
Northfield, IL 60093

Michael J. Capstick,  
Executive Vice President and Secretary

550 Frontage Road  
#2415  
Northfield, IL 60093

**DIRECTORS**  
**NAME**

**ADDRESS**

Neal H. Deutsch

550 Frontage Road  
#2415  
Northfield, IL 60093

Anna Gardina-Wolfe

550 Frontage Road  
#2415  
Northfield, IL 60093

Michael J. Capstick

550 Frontage Road  
#2415  
Northfield, IL 60093

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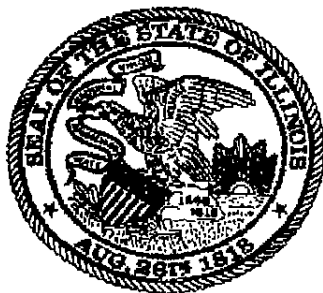
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**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

SELECT REHABILITATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE NOVEMBER 17, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 18T  
day of DECEMBER A.D. 2005

*Jesse White*

SECRETARY OF STATE