

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000007000

1. Entity Name
SELECT REHABILITATION, INC.



FILED

07 JAN -5 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093

Mailing Address
550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2006
12112006 REIN-R CR2E098 (1/05)

4. FEI Number

37-1378417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Barbara A. Burke

Special Assistant Secretary

12/29/06

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
DEUTSCH, NEAL H
550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GARDINA-WOLFE, ANNA
550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVSD
CAPSTICK, MICHAEL J
550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200083397418
01/05/07--01043--004 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/06

Date

847 441 5593

Daytime Phone #