2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# F05000007000

Entity Name: SELECT REHABILITATION, INC.

Current Principal Place of Business:

550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093

New Principal Place of Business:

550 FRONTAGE ROAD
SUITE 2415
NORTHFIELD, IL 60093

Current Mailing Address:

550 FRONTAGE ROAD, SUITE 2415
NORTHFIELD, IL 60093

New Mailing Address:

550 FRONTAGE ROAD
SUITE 2415
NORTHFIELD, IL 60093

FEI Number: 37-1378417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CEOD
Name: DEUTSCH, NEAL H
Address: 550 FRONTAGE ROAD, SUITE 2415
City-St-Zip: NORTHFIELD, IL 60093

Title: PD
Name: GARDINA-WOLFE, ANNA
Address: 550 FRONTAGE ROAD, SUITE 2415
City-St-Zip: NORTHFIELD, IL 60093

Title: EVSD
Name: CAPSTICK, MICHAEL J
Address: 550 FRONTAGE ROAD, SUITE 2415
City-St-Zip: NORTHFIELD, IL 60093

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: MIKE CAPSTICK EVSD 04/12/2012

Electronic Signature of Signing Officer or Director Date