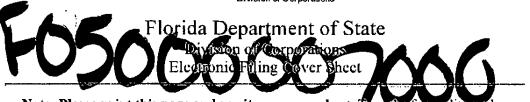
2/3/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000334293)))



H170000334293ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA0000000023 : (614)280-3338

Phone Fax Number

: (954)208-0845

File First. Please complete before processing the qualification filing for Fax

Audit# H17000033432.

DISSOLUTION OR WITHDRAWAL SELECT REHABILITATION, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$35.00	

RECEIVE 17 FEB-3 PM. L.

Electronic Filing Menu

Corporate Filing Menu

MIN FEB -3 P 2: 26
SEGRETAR LOF STATE
ALLIAHASSEE. FLORIDA

FEB 0 6 2016

T. LEMIEUX



COVER LETTER

	Amendment Section Division of Corporations	"		
SUBJE	Select Rehabilization, Inc.			
SODJE		me of Corporation)		
DOCUMENT NUMBER: F05000007000				
The enc	closed withdrawal application and fee a	re submitted for filing.		
	return all correspondence concerning this to the following:			
	(Na	ume of Person)		
	Select Rehabilitation, Inc.	,		
	(Fi	rm/Company)		
	2600 Compass Rd.			
	(Address)			
	Glenview, IL 60026			
	(City/S	tate and Zip code)		
For furt	ther information concerning this matter, p	lease call:		
		at (
Enclose	(Name of Person) ed is a check for the amount:	(Area Code & Daytime Telephone Number)		
\$ 35 :	Certificate of Status Ce	43.75 Filing Fee & \$52.50 Filing Fee, crtified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Cappage Copy (Additional copy is enclosed)		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301		

Select Rehabilitation, Inc.

F05000007000

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

	(Document Number of Corporation (if	'known)
I	Ilinois	
_	(Incorporated Under Laws of))
	oration is no longer transacting business or conducting aff y surrenders its authority to transact business or conduct af	
appoints th	oration revokes the authority of its registered agent in F he Department of State as its agent for service of process was authorized to transact business or conduct affairs in F	based on a cause of action arising during
The follow	wing is a current mailing address for the corporation:	
2	2600 Compass Rd.	TALS
((Mailing Address) Glenview, IL 60026	LAHASS
-	(City/ State /7ip)	TE, PEST
The corpo	ration agrees to notify the Department of State in the futur	e of any change in its mailing address.
(Si)	gnature of a director, president or other officer - If in the hands of a sectiver or other court appointed fiduciary, by that fiduciary)	(Date)
No	eal Deutsch	CEO
-	(Typed or printed name of porson signing)	(Title of person signing)

FILING FEE \$35