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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FOREIGN PROFIT/NONPROFIT CORPORATION
SELECT SPECIALTY HOSPITAL - MELBOURNE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUL 25 PM 1:47

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 25 AM 10:14

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Select Specialty Hospital - Melbourne, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Attn: Legal - Liz Gelbaugh

Name of Person

Select Medical Corporation

Firm/Company

4714 Gettysburg Road

Address

Mechanicsburg, PA 17055

City/State and Zip code

egelbaugh@selectmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Gelbaugh

Name of Person

at (717) 975-4510

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECRETARY OF STATE
TALLAHASSEE, 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 Specialty Hospital - Melbourne, 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. Delaware

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

3.

(FEI number, if applicable)

4. July 24, 2013

(Date of incorporation)

5. perpetual

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

6.

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

7. Select Medical Corporation / 4714 Gettysburg Rd. / Mechanicsburg, PA 17055

(Principal office address)

same as principal office....

(Current mailing address)

8. Long Term Acute Care Hospital

(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 Rd

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.

Connie Bryan
(Registered agent's signature)

Connie Bryan
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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert A. Orlenzio

Address: 4714 Gettysburg Road

Mechanicsburg, PA 17055

Vice Chairman: _____

Address: _____

Director: Robert A. Orlenzio

Address: 4714 Gettysburg Road

Mechanicsburg, PA 17055

Director: _____

Address: _____

B. OFFICERS

President: Robert A. Orlenzio

Address: 4714 Gettysburg Road

Mechanicsburg, PA 17055

Vice President: David S. Chernow

Address: 4714 Gettysburg Road

Mechanicsburg, PA 17055

Secretary: Michael E. Tarvin

Address: 4714 Gettysburg Road, Mechanicsburg, PA 17055

Treasurer: Scott A. Romberger

Address: 4714 Gettysburg Road, Mechanicsburg, PA 17055

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. Michael E. Tarvin - Secretary and Vice President

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

Delaware

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT SPECIALTY HOSPITAL - MELBOURNE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5372447 8300

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0614253

DATE: 07-25-13