

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

500002418515--4  
-02/02/98--01060--024  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

RECEIVED  
98 FEB -2 PM 1:22  
DIVISION OF CORPORATION

98 FEB -2 PM 1:22

RECEIVED

SMC of Florida, Inc.

d/b/a

Rehab Advantage Management, Inc.

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Co.  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call if Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of R.A.  
☐ Fictitious Name Filing  
☐ CUS  
☐ After 4:30  
☒ Pick Up

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SILVER SPRING  
TALLAHASSEE, FLORIDA

2/2

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

2/2

Thanks

**WRITTEN CONSENT OF THE SOLE DIRECTOR**

**SMC OF FLORIDA, INC.**

I, the undersigned, MICHAEL E. TARVIN, do hereby certify that this Resolution of the Sole Director of SMC OF FLORIDA, INC., a corporation duly organized and existing under the laws of the State of Delaware, was duly adopted on January 26, 1998:

BE IT RESOLVED, that SMC of Florida, Inc., organized and existing in the State of Delaware, hereby adopts the name "Rehab Advantage Management, Inc." for use in Florida.

Date: January 26, 1998



Michael E. Tarvin,  
Vice President and Secretary

**FILED**  
98 FEB -2 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONSENT TO USE OF SIMILAR NAME

REHAB ADVANTAGE, INC., a non-Florida corporation organized under the laws of the State of Delaware, having an effective registered name, hereby consents to the qualification of SMC OF FLORIDA, INC., a Delaware corporation doing business in the State of Florida as REHAB ADVANTAGE MANAGEMENT, INC. In the State of Florida.

IN WITNESS WHEREOF, the said REHAB ADVANTAGE, INC. has caused this consent to be executed by its Vice President, and attested by its Secretary, this 26<sup>th</sup> day of January, 1998.

REHAB ADVANTAGE, INC.,  
a Delaware corporation

By: *S. Frank Fritsch*  
S. Frank Fritsch, Vice President

FILED  
98 FEB -2 PM 2:03  
SECRETARY  
TALLAHASSEE, FLORIDA

Attest:

By: *Michael E. Tarvin*  
Michael E. Tarvin, Secretary

# 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. SMC of Florida, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 23-2935684  
(FEI number, if applicable)
4. October 20, 1997  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 4718 Old Gettysburg Road, P.O. Box 2034  
Mechanicsburg, PA 17055  
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: C T Corporation System  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

ANN J. WILLIAMS  
(Registered agent's signature) (Officer)

Assistant Vice President

(Type Name and Title of Officer)

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 addresses of officers and/or directors:

A. DIRECTORS

Sole Director:

~~Chairman~~ S. Frank Fritsch  
Address: c/o Select Medical Corporation  
4718 Old Gettysburg Road, P.O. Box 2034  
Mechanicsburg, PA 17055

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

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

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

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

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

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

B. OFFICERS

President: SEE ATTACHED

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

13. Michael E. Tarvin  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael E. Tarvin, Vice President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SMC OF FLORIDA, INC.

Officers - Names and Addresses

Robert A. Ortenzio, Chairman,  
Chief Executive Officer and President  
c/o Select Medical Corporation  
4718 Old Gettysburg Road  
P. O. Box 2034  
Mechanicsburg, PA 17055

Michael E. Tarvin, Vice President  
and Secretary  
c/o Select Medical Corporation  
4718 Old Gettysburg Road  
P. O. Box 2034  
Mechanicsburg, PA 17055

Scott A. Romberger, Vice President,  
Treasurer and Assistant Secretary  
c/o Select Medical Corporation  
4718 Old Gettysburg Road  
P. O. Box 2034  
Mechanicsburg, PA 17055

Kenneth L. Moore, Vice President  
and Assistant Secretary  
c/o Select Medical Corporation  
4718 Old Gettysburg Road  
P. O. Box 2034  
Mechanicsburg, PA 17055

S. Frank Fritsch, Vice President  
c/o Select Medical Corporation  
4718 Old Gettysburg Road  
P. O. Box 2034  
Mechanicsburg, PA 17055

John F. Egan, Vice President  
c/o Select Medical Corporation  
300 South Duncan Avenue, Suite 300  
Clearwater, FL 34615

FILED  
98 FEB -2 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMC OF FLORIDA, 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 THIRTIETH DAY OF JANUARY, A.D. 1998.

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



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

8893986

01-30-98

98 FEB -2 PM 2:00

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA