FILED Mar 03, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)		TED LIABI			
	UNIFORM	BUSINESS	REP	DRT ((UBR)

DOCUMENT # L01000013963 SELECT MEDICAL GROUP, LLC Principal Packs of Business Making Address 200 Ne 19 STREET, RUTE 600 AVERTURA PLOY IS STREET COUNTY 20 Street Ploy Is Street COUNTY 20 County 33 2 SSC County 5 County					,		~~~		~ • • • • • •	_
Photopal Place of Business 2009 NR 19 STREET SUITE 800 AVENTURY N. 2018 2. Principal Place of Business 2. Suite Apt. 8. onc. Shift Apt. 8. onc. Chy & Shifts Apt. 9. Country 200 Co	i. Entity Nai	THE	13963					-	****50.00	
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5. Certificate of Status Desired Section Transported Section T	City & Sta	te		, F	L	4. FEI Nun	nber 65-11316	UI]
FARA_CATERINA 347 KW 45TH AVE DEERFIELD BEACH FL 33442 City City FL Zip Code In the above named entity submite this statement for the purpose of changing its registered agent, or both, in the State of Portida. I am familiar with, and accept model of registered agent, or both, in the State of Portida. I am familiar with, and accept model of registered agent, or both, in the State of Portida. I am familiar with, and accept model of registered agent, or both, in the State of Portida. I am familiar with, and accept model of registered agent, or both, in the State of Portida. I am familiar with, and accept model of Portida Department of State City FL Zip Code	Zip	Country		Count	У	5. Certifica	ite of Status Desired	\$5.00	Additional	٦
FARA_CATERINA 347 WA STH AVE DERRIELD BEACH FL 33442 City FL Zip Code A. 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. Tam familiar with, and accept the ectilogisticne of registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogisticne of registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the ectilogistic or registered agent, or both, in the State of Florida. Tam familiar with, and accept the Extended State of Florida State		6; Name and Address of Current	Registered Agent			-7. Name a	nd Address of New	Registered Agent	م مد شدی	1
Sireal Address (P.O. Box Number is Not Acceptable) City File Zip Code A. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Finde. I am familiar with, and accept the colligations of registered agent, or both, in the State of Finde. I am familiar with, and accept the colligations of registered agent, or both, in the State of Finde. I am familiar with, and accept the colligations of registered agent. SIGNATURE Typesan, typed or present agent. MARM MARM MARM MARM MARM MARM MAZ 18 HOLDINGS, INC. SIRET ADDRES CITY-ST-2P MARM CAPPLINAR, It, SS180 Dates MILE MARM MARM MARM Dates MARM MARM Dates MARM MARM Dates MARM Dates MARM MARM MARM MARM MARM MARM Dates MARM MARM Dates MARM	FAR	A. CATERINA	 		Name				·	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Porda. 1 am familiar with, and accept the chipidatons of registered agent. Common type Common typ	347	NW 45TH AVE.	•		Street Address	(P.O. Box Num	ber is Not Acceptat	ole)]
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