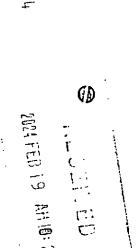
# M24000002107

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	<del></del>
PłCK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of S	status
Special Instructions to	Eiling Officer:	
Special instructions to	riiiig Oncer.	

Office Use Only



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### **CT CORP**

#### (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

02/19/2024

D	Acc#120160000072
	Acc#I20160000072
Name:	Duval Rehabilitation, LLC
Document #:	
Order #:	15387132
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🕡	Certified: Email Address for Annual Report Notifications:  Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 125.00

Thank you!

#### COVER LETTER

TO:

Registration Section

	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
return all	correspondence concerning this matter t	o the following:
	Amanda Altland	
	· •	Name of Person
	Duval Rehabilitation, LLC	
		Firm/Company
	4714 Gettysburg Rd	
		Address
	Mechanicsburg, PA 17055	
	C	ity/State and Zip Code
	aaltiand@selectmedical.com	
	E-mail address: (to be	e used for future annual report notification)
rther infor	mation concerning this matter, please cal	N:
Amand	la Altland	717 730-3625 at ( )
	Name of Contact Person	at () Area Code Daytime Telephone Number
	g Address:	Street Address:
	tration Section	Registration Section
	on of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tanan	1055CC, 1 L 32314	Tallahassee, FL 32303

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:

1. Duval Rehabilitation, L (Name of Foreign	LC Limited Liability Company: must include "Limite	ed Liability Company,	""L.L.C.," or "LLC.")			_
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate nam	e must include "Limited Liabs	lity Company,"	"11C," or "	"L.L.C.")
Delaware 2.		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number,	if applicable)		-
01/01/2024 4.						
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) line penalty liability)		<del></del>		
4714 Gettysburg Rd		4714 Get	tysburg Rd			
5 Street Address of Principal Office)		6(Maili	ng Address)			_
Mehcanicsburg, PA 17	055	Mehcanio	sburg, PA 17055			_
						_
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable	•)	- · .	2024 FEB	
Name:	C T Corporation System				191	
Office Address:	1200 South Pine Island Road			<del>.</del>	λί ∰	<u>-</u> ,
	Plantation	<u>.</u> F	33324 Florida		54	
	(City)		(Zip code)	<del>-</del>		

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

 $\bigcap I \bigcap D_{m}$ 

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Hospital Holdings Corporation	□Manager	Name: Shands Jacksonville Medical Center, Inc
Member	Address: 4714 Gettysburg Rd	<b>≅</b> Member	Address: 655 W. 8th St
□Authorized	Mechanicsburg, PA 17055	□Authorized	Jacksonville, FL 32209
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Wydel E. Tawn		
•	Signature of an authorized person	

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DUVAL REHABILITATION, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

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