

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000083185 (5)**

1. Corporation Name
SELECT MEDICAL, INC.



Principal Place of Business: **116 SAN REMO BLVD. NORTH LAUDERDALE FL 33068**
Mailing Address: **116 SAN REMO BLVD. NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified: **10/03/1995**
3a. Date of Last Report

21	2. Principal Place of Business 4736 S.W. 74TH AVE	22	Suite, Apt. #, etc.	26	2a. Mailing Address 4736 S.W. 74TH AVE	27	Suite, Apt. #, etc.	4.	FEI Number 65-0616735	Applied For	<input type="checkbox"/>	Not Applicable
23	23. City & State MIAMI, FL	28	28. City & State MIAMI, FL	29	29. Zip 33155	30	30. Country	5.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
24	24. Zip 33155	25	25. Country	29	29. Zip 33155	30	30. Country	6.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
9. Name and Address of Current Registered Agent CORTIJO, DAVID 116 SAN REMO BLVD. NORTH LAUDERDALE FL 33068								8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORTIJO, DAVID 116 SAN REMO BLVD. NORTH LAUDERDALE FL 33068								10. Name and Address of New Registered Agent					
								81	81. Name MARIA T. PEREZ				
								82	82. Street Address (P.O. Box Number is Not Acceptable) 4736 S.W. 74TH AVE				
								83	83.				
								84	84. City MIAMI	85	85. State FL	86	86. Zip Code 33155

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Maria T. Perez* **MARIA T. PEREZ** 5/9/96
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORTIJO, DAVID			1.2 NAME	MARIA T. PEREZ		
STREET ADDRESS	116 SAN REMO BLVD.			1.3 STREET ADDRESS	4736 S.W. 74TH AVE		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068			1.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria T. Perez* **MARIA T. PEREZ** 5/9/96 2661829
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)