

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 21, 2007  
Secretary of State**

DOCUMENT# P95000083185

Entity Name: SELECT MEDICAL, INC.

**Current Principal Place of Business:**

3955 SW 137 AVE  
#4  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

3955 SW 137 AVE  
#4  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 65-0616735      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERENGUER, ARISTIDES  
13430 SW 26 TERRACE  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

REVOLTA, YONARDI  
3955 SW 137 AVE  
#4  
MIAMI, FL 33175 US

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.

SIGNATURE: YONARDI REVOLTA      02/21/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERENGUER, ARISTIDES  
Address: 13430 SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REVOLTA, YONARDI  
Address: 3955 SW 137 AVE, #4  
City-St-Zip: MIAMI, FL 33175 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: REVOLTA, YONARDI  
Address: 3955 SW 137 AVE, #4  
City-St-Zip: MIAMI, FL 33175 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: REVOLTA, YONARDI  
Address: 3955 SW 137 AVE, #4  
City-St-Zip: MIAMI, FL 33175 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YONARDI REVOLTA      P      02/21/2007  
Electronic Signature of Signing Officer or Director      Date