

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V16774

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** SELECT MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

6531 47TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

7000 SOUTH SYLVAN LAKE DR  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 59-3166755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIELING, ROSS P  
7000 SOUTH SYLVAN LAKE DR  
SANFORD, FL 32771 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: BIELING, ROSS P.  
Address: 7000 SOUTH SYLVAN LAKE DR  
City-St-Zip: SANFORD, FL 32771

Title: MR.  
Name: BIELING, ROSS P  
Address: PO BOX 952017  
City-St-Zip: LAKE MARY, FL 32795

I hereby 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 all other like empowered.

SIGNATURE: ROSS BIELING

CEO

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date