

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013963

Entity Name: SELECT MEDICAL GROUP, LLC

Current Principal Place of Business:

200 PLAZA LAS OLAS
FT. LAUDERDALE, FL 33301

Current Mailing Address:

200 PLAZA LAS OLAS
FT. LAUDERDALE, FL 33301 US

FEI Number: 65-1131601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARA, CATERINA
200 PLAZA LAS OLAS
FT LAUDERDALE, FL 33301 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name FARA, CATERINA
Address 200 PLAZA LAS OLAS
City-State-Zip: FT. LAUDERDALE FL 33301

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATERINA FARA

CEO

03/13/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date