

**2016 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 MGRM  
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

MGRM

03/09/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date