

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000697

**Entity Name:** SELECT SPECIALTY HOSPITAL - ORLANDO, INC.

**Current Principal Place of Business:**

4714 GETTYSBURG ROAD  
MECHANICSBURG, PA 17055

**Current Mailing Address:**

4714 GETTYSBURG ROAD  
LEGAL DEPT  
MECHANICSBURG, PA 17055

**FEI Number:** 37-1426852

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title P  
Name MULLIN, THOMAS P  
Address 4714 GETTYSBURG ROAD  
City-State-Zip: MECHANICSBURG PA 17055

Title VPS  
Name TARVIN, MICHAEL E  
Address 4714 GETTYSBURG ROAD  
City-State-Zip: MECHANICSBURG PA 17055

Title VPT  
Name VEIT, JOEL T  
Address 4714 GETTYSBURG ROAD  
City-State-Zip: MECHANICSBURG PA 17055

Title VPAS  
Name DUGGAN, JOHN F  
Address 4714 GETTYSBURG ROAD  
City-State-Zip: MECHANICSBURG PA 17055

*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: MICHAEL E TARVIN**

**SECRETARY**

**01/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date