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|---|---|
| 1.) CORPORATION NAME:<br><b>SELECT MEDICAL OF MARYLAND, INC.</b>  | DUE DATE: <b>3/31/2013</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX RD STE 301<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1330754</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>  | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>   |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4714 GETTYSBURG RD  
CITY/ST/ZIP: MECHANICSBURG, PA 17055

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|  |   |  |
|--|---|--|
| NAME: ROBERT A ORTENZIO  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: PRESIDENT   |   |  |
| ADDRESS: 4718 OLD GETTYSBURG ROAD<br>P O BOX 2034<br>MECHANICSBURG, PA 17055 |   |  |
| CITY/ST/ZIP/CO:  |   |  |

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: JOHN F. DUGGAN                                     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: VP/AS   |   |                                   |
| ADDRESS: 4714 GETTYSBURG ROAD<br>MECHANICSBURG, PA 17055 |   |                                   |
| CITY/ST/ZIP/CO:  |   |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: SCOTT A ROMBERGER   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: VP/T   |   |                                   |
| ADDRESS: 4714 GETTYBURG ROAD<br>P O BOX 2034<br>MECHANICSBURG, PA 17055 |   |                                   |
| CITY/ST/ZIP/CO:   |   |                                   |

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: MICHAEL E TARVIN   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: VP/S  |   |                                   |
| ADDRESS: 4714 GETTYSBURG ROAD<br>P O BOX 2034<br>MECHANICSBURG, PA 17055 |   |                                   |
| CITY/ST/ZIP/CO:  |   |                                   |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ MICHAEL E TARVIN                                | MICHAEL E TARVIN, VP/S           | 3/29/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.