

1.) CORPORATION NAME:

SELECT MEDICAL REHABILITATION SERVICES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD SUITE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **1/31/2012**

SCC ID NO: **F1573791**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

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
TITLE: PRESIDENT
ADDRESS: 4714 GETTYSBURG RD
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER DIRECTOR

NAME: MARTIN F JACKSON
TITLE: VP/ASSIST SEC
ADDRESS: 4714 GETTYSBURG RD
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER DIRECTOR

NAME: SCOTT A ROMBERGER
TITLE: VP/TREAS/SEC
ADDRESS: 4714 GETTYSBURG RD
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER DIRECTOR

NAME: ROCCO A ORTENZIO
TITLE: CEO
ADDRESS: 4714 GETTYSBURG RD
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER DIRECTOR

NAME: JOHN F DUGGAN
TITLE: ASST SECRETARY
ADDRESS: 4714 GETTYSBURG RD
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER DIRECTOR

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.

<u>/s/ JOHN F DUGGAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN F DUGGAN, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/3/2012</u> DATE
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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.