

1.) CORPORATION NAME:

**SELECT MEDICAL REHABILITATION SERVICES, INC.**

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | ROBERT A ORTENZIO                           |  |
| TITLE:          | PRESIDENT                                   |  |
| ADDRESS:        | 4714 GETTYSBURG RD                          |  |
| CITY/ST/ZIP/CO: | MECHANICSBURG, PA 17055                     |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | MARTIN F JACKSON                            |                                   |
| TITLE:          | VP/ASSIST SEC                               |                                   |
| ADDRESS:        | 4714 GETTYSBURG RD                          |                                   |
| CITY/ST/ZIP/CO: | MECHANICSBURG, PA 17055                     |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | SCOTT A ROMBERGER                           |                                   |
| TITLE:          | VP/TREAS/SEC                                |                                   |
| ADDRESS:        | 4714 GETTYSBURG RD                          |                                   |
| CITY/ST/ZIP/CO: | MECHANICSBURG, PA 17055                     |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JOHN F DUGGAN                               |                                   |
| TITLE:          | ASST SECRETARY                              |                                   |
| ADDRESS:        | 4714 GETTYSBURG RD                          |                                   |
| CITY/ST/ZIP/CO: | MECHANICSBURG, PA 17055                     |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | MICHAEL E TARVIN                            |                                   |
| TITLE:          | SECRETARY                                   |                                   |
| ADDRESS:        | 4714 GETTYSBURG ROAD                        |                                   |
| CITY/ST/ZIP/CO: | MECHANICSBURG, PA 17055                     |                                   |

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/ JOHN F DUGGAN                                   | JOHN F DUGGAN, ASST              | 12/24/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY                        | DATE       |
|   | PRINTED NAME AND CORPORATE TITLE |            |

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.