



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000086471

2. Name of Corporation Select Physical Therapy Holdings, Inc.

3. Street Address Principal Business Office:

No. and Street: 4716 OLD GETTYSBURG ROAD

City or Town: MECHANICSBURG

State: PA Zip: 17055 Country: USA

4. Business Phone No.

717-972-1100

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

outpatient physical rehabilitation

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SCOTT A ROMBERGER	4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 USA
SECRETARY	MICHAEL E TARVIN	4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 USA
ASSISTANT SECRETARY	JOHN F DUGGAN	4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 USA
PRESIDENT	ROBERT A ORTENZIO	4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055- USA
VICE PRESIDENT	PATRICIA A RICE	4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 USA
DIRECTOR	ROCCO A. ORTENZIO	4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 12 Day of February, 2008 at 9:50:58 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL E. TARVIN
Signature of Authorized Representative of the Corporation

SECRETARY
Title

Form No. 630
Revised 09/07

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