

Certificate of Limited Partnership

A21000000023
FILED
January 11, 2021
Sec. Of State
msolomon

Name of Limited Partnership:

FP REHAB CENTERS, LP

Street Address of Limited Partnership:

15127 GOLDFINCH CIRCLE
WESTLAKE, FL. US 33470

Mailing Address of Limited Partnership:

15127 GOLDFINCH CIRCLE
WESTLAKE, FL. US 33470

The name and Florida street address of the registered agent is:

BRIAN K NAPIER
15127 GOLDFINCH CIRCLE
WESTLAKE, FL. 33470

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: BRIAN K NAPIER

The name and address of all general partners are:

Title: G
THE NAPIER GROUP INC.
15127 GOLDFINCH CIRCLE
WESTLAKE, FL. 33470 US

Title: G
DALTON PHYSICAL THERAPY LLC
9705 WYETH CT
WELLINGTON, FL. 33414 US

The effective date for this Limited Partnership shall be:

01/18/2021

Signed this Eleventh day of January, 2021

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: BRIAN K. NAPIER

General Partner Signature: MARC DALTON

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.