2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 14, 2006 08:00 AN **DOCUMENT # A97000001747 Secretary of State** OCALA REGIONAL PHYSICAL THERAPY CENTER, LTD. Principal Place of Business Mailing Address 1190 S.E. 17TH STREET 1190 S.E. 17TH STREET OCALA, FL. 34471 OCALA, FL 34471 04032006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0773288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHUTES, RICHARD W DO NOT WRITE 1190 S.E. 17TH STREET OCALA, FL 34471 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION P97000084951 OCCUMENT # R.W. SHUTES & ASSOCIATES, INC. MALE STREET ADDRESS 1190 S.E. 17TH STREET CITY-ST-ZIP OCALA, FL 34471 U000000511371^M 04/29/06-80046-014 500.00^M DOCUMENT # HAME STREET ADDRESS CATY-ST-ZP DOCUMENT # NAME DO NOT WRITE STREET ACCRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAKE. STREET ADDRESS (31Y-51-78P

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER