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DOCUMENT # B0300000134 1. Entity Name PORT ORANGE PHYSICAL THERAPY, LIMITED PARTNERSHIP								74 (MARY	AND:
Principal Place of Business 1300 W. SAM HOUSTON PARKWAY SUITE 300 HOUSTON, TX 77042			1 S	Mailing Address 1300 W. SAM HOUSTON PARK SUITE 300 HOUSTON, TX 77042		WAY .		EBIRE ((()) 26%) 86() 88		
2. Principal F	Place of Busine	ess	3.	Mailing Address		/)/(
Suite, Apt	. #, etc.			Suite, Apt. #, etc.	1	/	01202005	Chg-LP	CR2E0	
City & Sta	ile			City & State			4. FEI Numbe 75-3100			Applied For Not Applicable
Zip		Country		Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Additional ee Required
	6. Name a	and Address of C	urrent Regis	stered Agent			7. Name and	Address of New F	Registered A	gent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						NAME NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 213 EXECUTIVE PARK DRIVE, SUITE 4				
1						2'13 EXE City WEST		ARK DRIVE	<i>, ۱۵/۱۸</i> FL	E 4 Zip Code 3333
	e named entity ations of registe		ment for the p	purpose of changing		1	ed agent, or both		orida. I am f	amiliar with, and accept
9. Capital Co	Signature, typed on ontributions	r printed name of register	ed agent and title	10. Amount of Ca	apital Contri	MIRRIDNE, Dutions \$350.0		UBR Filing	DATE Fee + UB	R Supplemental Fe
9. Capital Co	Signature, typed of contributions on record.	\$350.00	∼ NER THAT	10. Amount of Cain FLORIDA t	apital Contri to date.	butions \$350.0	0	UBR Filing \$141.25	IIS OFFICE	
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