

2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B03000000134

FILED
Jan 11, 2010
Secretary of State

Entity Name: PORT ORANGE PHYSICAL THERAPY, LIMITED PARTNERSHIP

Current Principal Place of Business:

1300 W. SAM HOUSTON PARKWAY
SUITE 300
HOUSTON, TX 77042

New Principal Place of Business:

900 NORTH SWALLOWTAIL DRIVE
SUITE 107
PORT ORANGE, FL 32129

Current Mailing Address:

1300 W. SAM HOUSTON PARKWAY
SUITE 300
HOUSTON, TX 77042

New Mailing Address:

FEI Number: 75-3100803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: F93000004969
Name: REHAB PARTNERS #2, INC.
Address: 1300 W. SAM HOUSTON PARKWAY
City-St-Zip: HOUSTON, TX 77042

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS CORRIGAN

VP

01/11/2010

Electronic Signature of Signing General Partner

Date