

BOS000000284

(Requestor's Name)

U.S. PHYSICAL THERAPY, INC.
1300 W. SAM HOUSTON PKWY
SUITE 300
HOUSTON, TEXAS 77042
(713) 661-1111

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

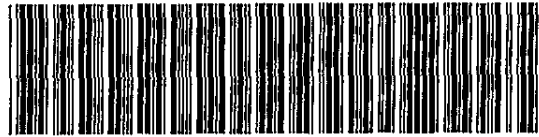
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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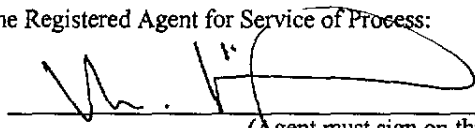


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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Achieve Physical Therapy, Limited Partnership
(Name of limited partnership as it is in the home state)
2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Texas 4. January 18, 2000
(State of Formation) (Date of Formation)
5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)
6. 2731 Executive Park Drive, Suite 4
(Street Address of Registered Office)
- Weston, Florida 33331
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line) MICHAEL MIRRONE, #5
8. 1300 W. Sam Houston Pkwy., Suite 300, Houston, TX 77042
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|---------------------------------|--|
| <u>Rehab Partners # 2, Inc.</u> | <u>1300 W. Sam Houston Pkwy., Suite 300, Houston, TX 77042</u> |
| <u>93-61969</u> | |
| | |
10. 1300 W. Sam Houston Pkwy., Suite 300, Houston, TX 77042
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 1300 W. Sam Houston Pkwy., Suite 300, Houston, TX 77042

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10th day of June, 2005.

[Signature]
General Partner
Janna King, Vice President of Rehab Partners # 2, Inc.
STATE OF Texas

COUNTY OF Harris

On this 10th day of June, 2005.

Janna King, Vice President of Rehab Partners # 2, Inc., personally appeared before me,

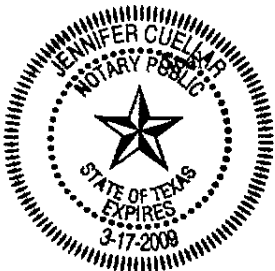
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Jennifer Cuellar
(Notary Public Signature)

Jennifer Cuellar
(Notary's Printed Name)

My Commission Expires: 3/17/2009




AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Janna King, Vice President of Rehab Partners # 2, Inc.
a general partner of Achieve Physical Therapy, Limited Partnership, a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10th day of June, 2005.



General Partner
Janna King, Vice President of Rehab Partners # 2, Inc.

STATE OF Texas

COUNTY OF Harris

On this 10th day of June, 2005,

Janna King, Vice President of Rehab Partners # 2, Inc., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Jennifer Cuellar

(Notary's Printed Name)

Seal

My Commission Expires:

3/17/2009

