

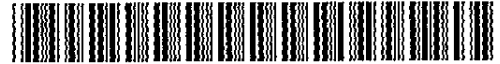


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # B05000000284			
1. Entity Name ACHIEVE PHYSICAL THERAPY, LIMITED PARTNERSHIP			
Principal Place of Business 1300 W. SAM HOUSTON PKWY, SUITE 300 HOUSTON, TX 77042		Mailing Address 1300 W. SAM HOUSTON PKWY, SUITE 300 HOUSTON, TX 77042	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F93000004969 REHAB PARTNERS #2, INC. 1300 W. SAM HOUSTON PKWY, SUITE 300 HOUSTON, TX 77042	STREET ADDRESS CITY - ST - ZIP	
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14. I hereby certify that the information supplied with this filing 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Janna King, VP of General Partner 1/19/06 (713) 297-7000 <small>Date Daytime Phone #</small>	



01052006 Chg-LP CR2E003 (11/05)

4. FEI Number
76-0631947

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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01/19/06-80067-019 500.00

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