


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 05, 2007 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number
76-0631947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	F93000004969	STREET ADDRESS	
NAME	REHAB PARTNERS #2, INC.	CITY-ST-ZIP	
STREET ADDRESS	1300 W. SAM HOUSTON PKWY, SUITE 300		
CITY-ST-ZIP	HOUSTON, TX 77042		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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02/14/07-80030-001 500.00

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: _____ Janna King, VP of General Partner

1/16/07

(713) 297-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA