

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000284

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** ACHIEVE PHYSICAL THERAPY, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

9550-5 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 76-0631947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 PKWY, SUITE 300  
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

VPS

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date