

#BD5000000284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

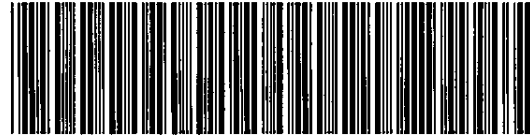
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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13 DEC 23 PM 12:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JAN - 2 2014



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: December 19, 2013

Order#: 914236-002

Re: ACHIEVE PHYSICAL THERAPY, LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ACHIEVE PHYSICAL THERAPY, LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/21/2005 3. B05000000284  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.  
Name  
1200 S. Pine Island Road  
Address  
Plantation FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner Dona Priebe, Vice President on behalf of Rehab

Partners #2, Inc., its General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: [Signature]  
Corporation Service Company

Signature of Registered Agent Sylvia Queppet, Assistant Vice President

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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13 DEC 23 PM 12:04  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 DEC 23 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF

TEXAS

COUNTY OF

Harris

## POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Richard Binstein, the Vice President of U.S. Physical Therapy, Inc. ("the Company"), a Corporation established under the laws of Nevada, and of the subsidiary entities shown on the list appended hereto, does hereby appoint Corporation Service Company employees Dona Priebe and Elizabeth A. Dawson attorneys-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities, having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, Dona Priebe shall exercise the power of Vice President and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earlier to occur of (a) completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to Dona Priebe and Elizabeth A. Dawson.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 11<sup>th</sup> day of NOV, 20 13 (the "Effective Date").

U.S. Physical Therapy, Inc.

BY: *Richard Binstein*

Subscribed and sworn to before me this 11<sup>th</sup> day of NOV, 20 13.

*Jennifer Cuellar*

Notary Public

