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SECRETARY OF
TREASURY

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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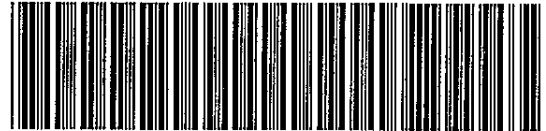
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COVER LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: Restore Physical Therapy, Limited Partnership
(Name of Foreign Limited Partnership)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Cuellar

(Name of Person)

U.S. Physical Therapy, Inc.

(Firm/Company)

1300 W. Sam Houston Pkwy., Suite 300

(Address)

Houston, TX 77042

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Cuellar

(Name of Person)

at (713) 297-7045

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. Restore Physical Therapy, Limited Partnership
(Name of limited partnership as it is in the home state)

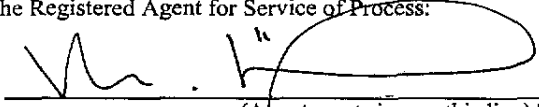
2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Texas 4. September 2, 2005
(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, ASST. SEC.

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
Rehab Partners # 2, Inc.	1300 W. Sam Houston Pkwy., Suite 300, Houston, TX 77042
<u>F93-4969</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

FILED

(Mailing Address of Limited Partnership)

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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.

TALLAHASSEE, FLORIDA

Signed this 7th day of September, 2005



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

STATE OF Texas

COUNTY OF Harris

On this 7th day of September, 2005

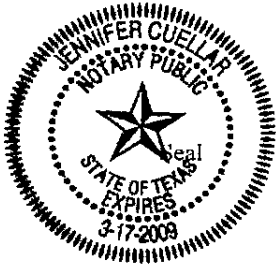
Janna King, Vice President of Rehab Partners # 2, Inc., personally appeared before me,

☒ 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

FILED

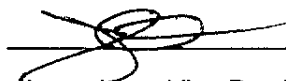
BEFORE ME the undersigned personally appeared Janna King, Vice President of Rehab Partners # 2, Inc.
a general partner of Restore Physical Therapy, Limited Partnership, a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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REC. CLERK OF STATE
TALLAHASSEE, FLORIDA

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 7th day of September, 2005.



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

STATE OF Texas

COUNTY OF Harris

On this 7th day of September, 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

