

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000413

**FILED**  
**May 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1500 PLACIDA ROAD  
UNIT F-5  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-3421923

**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 PARKWAY  
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: RICHARD BINSTEIN

VP

05/01/2012

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

\_\_\_\_\_  
Date