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Division of Corporations

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FOREIGN LIMITED PARTNERSHIP

BAY SHORE PHYSICAL THERAPY, LIMITED PARTNERSHI

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

, Bay Shore Physical Therapy, Limited			
(Name of limited partnership	as it is in the home state)		
2. N/A		_	
(If name is unavailable, name under which the limited p. Florida; must contain the wor	artnership proposes to register or transact business in d "LIMITED" or "LTD.")	l .	
	tember 30, 2005		
(State of Formation)	(Date of Formation)		
5 NRAI Services, Inc.			
(Name of Registered Agent for Servi	ice of Process)		
6 2731 Executive Park Drive, Suite 4			
(Street Address of R	legistered Office)	-	
Weston	Florida 33331		
(City)	(Zip Code)	-	
7 Acceptance by the Registered Agent for Service of Proce	-50:		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
(Agent dist size	n on this line) MICHAEL MINARISME, AS		
8, 1300 W. Sam Houston Pkwy., Suite 300, Ho			
8. 1300 W. Sam Houston Fkwyr, Dulle 300, 110	Juston, 17, 77, 042	-	
		_	
(Address of registered office required in state of form	ation or, if not required, address of principal office.)		
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS	38	

Rehab Partners # 2, Inc. 1300 W. Sam Ho		[[[[]	********
Fu3-4969		2035 OCT 13 SECRETARY	
		AH 8: 34 CF STATE F. FT ORION	1 3 1
	·	15. 18.	
	7	Zm 7	
10 1300 W. Sam Houston Pkwy., Suite 300, H		-	
(Office where Names, Addresses and Cont	ributions of Limited Partners are kept.)		

CONTINUED

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withdrawn.

H050002427683

	(Mailing Address of Limited Partnership)	
	f perjury I, being duly sworn, declare that I have read the foregoing and stated herein are true and correct.	know the contents thereof
Signed this 5 ⁺¹	h day of OCHOBER	5.
	Janna King, Vice President of Rehab Partners #	2, Inc.
STATE OF Te	General Partner	
J11112 01		
COUNTY OF HE	aris	
On this	5th day of OCTOBER, 2005	
Janna King, Vi	ce President of Rehab Partners # 2, Inc.	hatara ma
Janna King, Vi	ce President of Rehab Partners # 2, Inc. personally appeared	before me,
		before me,
who is personal		
who is personal	Ily known to me	
who is personal	Ily known to me	
who is personal	Ily known to me	
who is personal whose identity	Ily known to me	SECRET
✓ who is persona	Ily known to me	

From: Kevin Roberts

Thursday, October 13, 2005 10:49 AM Page: 4 of 4

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Janua King, vice President of Renab Partitles #	Z, IIIC.,	
a general partner of Bay Shore Physical Therapy, Limited Partnership , a (an) Texas		
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:		
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 purpo	ses 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 cont	ents thereof and	
that the facts stated herein are true and correct.		
Signed this $5th$ day of 0.0000 day.		
General Partner Janna King, Vice President of Rehab Partners # 2, Inc.		
STATE OF Texas		
COUNTY OF Harris		
On this 5th day of Alober , 2005,	,	
Janna King, Vice President of Rehab Partners # 2, Inc., personally appeared before me,		
who is personally known to me	200 SE TAL	
whose identity I proved on the basis of	-C 0	n sugali. B B
		-
	SE CO	المستحد الا
Lenniles annies	EF S	į ik ij γecentos) tent
(Nothry Public Signature)	AM 8: 31 OF STATE E. FLORIE	
Jennifer Cullar	The second secon	
(Notary's Printed Name)		

TO TELE

My Commission Expires: 3117 12009

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