

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # B05000000432**

1. Entity Name  
**BAY SHORE PHYSICAL THERAPY, LIMITED PARTNERSHIP**



Principal Place of Business  
**1300 W. SAM HOUSTON PKWY., SUITE 300**  
**HOUSTON, TX 77042**

Mailing Address  
**1300 W. SAM HOUSTON PKWY., SUITE 300**  
**HOUSTON, TX 77042**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-3561394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE, SUITE 4**  
**WESTON, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F93000004969**  
 NAME **REHAB PARTNERS #2, INC.**  
 STREET ADDRESS **1300 W. SAM HOUSTON PKWY., SUITE 300**  
 CITY-ST-ZIP **HOUSTON, TX 77042**

DOCUMENT #  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

11000000771141  
 08/01/07-80006-014 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

**Janna King, VP of General Partner**

7/3/07

(713) 297-7000

STATE USE ONLY HERE