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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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J. BRYAN MAY 31 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Universal Physical Therapy, Limited Partnership

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Jennifer Cuellar

(Contact Person)

U.S. Physical Therapy, Inc.

(Firm/Company)

1300 W. Sam Houston Pkwy., Suite 300

(Address)

Houston, TX 77042

(City, State and Zip Code)

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For further information concerning this matter, please call:

Jennifer Cuellar

(Name of Contact Person)

at ( 713 ) 297-7045

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Universal Physical Therapy, Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

N/A

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Texas

(State or Country of Formation)

3. 5/12/2006

(Date of Formation)

4. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

5. 2731 Executive Park Drive, Suite 4

(Florida street address for Registered Agent)

Weston, FL 33331

6. 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.



Signature of Registered Agent  
SABRINA TILLAPAUGH, ASST. SEC.

7. 1300 W. Sam Houston Pkwy., Suite 300

(Principal office address)

Houston, TX 77042

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1300 W. Sam Houston Pkwy., Suite 300

(Mailing address)

Houston, TX 77042

10. Name, principal office address, and mailing address of each general partner:

Rehab Partners # 2, Inc.

#F93000004969

(Name)

1300 W. Sam Houston Pkwy., Suite 300

(Street Address)

Houston, TX 77042

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____	_____
(Name)	(Street Address)
	_____
	_____
	(Mailing Address)
	_____
_____	_____
(Name)	(Street Address)
	_____
	_____
	(Mailing Address)
	_____

11. Effective date, if other than the date of filing: \_\_\_\_\_

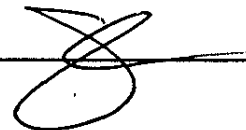
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

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12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23<sup>rd</sup> day of may, 20 06.

Signature of a general partner:

 \_\_\_\_\_

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Roger Williams  
Secretary of State

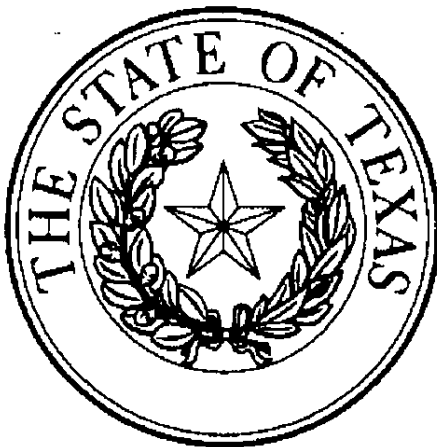
## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Universal Physical Therapy, Limited Partnership (filing number: 800654347), a Domestic Limited Partnership (LP), was filed in this office on May 12, 2006.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 22, 2006.



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams  
Secretary of State