

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B06000000228

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1289138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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 PKWY., SUITE 300  
City-St-Zip: HOUSTON, TX 77042

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANNA KING

VP

02/13/2009

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

\_\_\_\_\_  
Date