

BO6000000228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

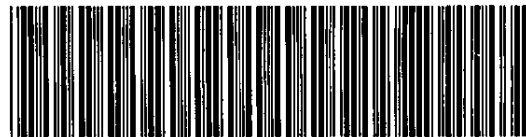
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2013 DEC 19 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2013
T. HAMPTON



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: December 17, 2013

Order#: 914240-054

Re: UNIVERSAL PHYSICAL THERAPY, LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. UNIVERSAL PHYSICAL THERAPY, LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/25/2006 3. B06000000228
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name

1200 S. Pine Island Road
Address

Plantation FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. ~~Such change(s) is/are effective~~ when filed by the Florida Department of State.

[Signature]
Signature of General Partner Dona Pribe, Vice President on behalf of Rehab Partners #2, Inc., its General Partner

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.

By: [Signature]
Signature of Registered Agent Sylvia Queppet, Assistant Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2013 DEC 19 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Texas
COUNTY OF Harris

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Richard Binstein, the Vice President of U.S. Physical Therapy, Inc. ("the Company"), a Corporation established under the laws of Nevada, and of the subsidiary entities shown on the list appended hereto, does hereby appoint Corporation Service Company employees Dona Priebe and Elizabeth A. Dawson attorneys-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities, having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, Dona Priebe shall exercise the power of Vice President and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earlier to occur of (a) completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to Dona Priebe and Elizabeth A. Dawson.

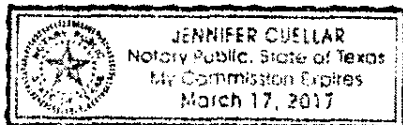
IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 11th day of NOV, 20 13 (the "Effective Date").

U.S. Physical Therapy, Inc.

BY: *Richard Binstein*

Subscribed and sworn to before me this 11th day of NOV, 20 13.

Jennifer Cuellar
Notary Public



2013 DEC 19 PM 12:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

List of Entities for U.S. Physical Therapy, Inc.

Achieve Physical Therapy, Limited Partnership
Action Therapy Centers, Limited Partnership
Active Physical Therapy and Sports Rehabilitation, Limited Partnership
Adams County Physical Therapy, Limited Partnership
Advance Rehabilitation Management GP, LLC
Advance Rehabilitation & Consulting, Limited Partnership
Agape Physical Therapy & Sports Rehabilitation, Limited Partnership
Agape Physical Therapy Management GP, LLC
Airpark Physical Therapy, Limited Partnership
Allegiance Physical Therapy, Limited Partnership
Ankeny Physical & Sports Therapy, Limited Partnership
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Cedar Creek Physical Therapy, Limited Partnership
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Circle Rehabilitation Services, Limited Partnership
City of Lakes Physical Therapy, Limited Partnership
Cleveland Physical Therapy, Ltd.

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Georgia Pro Motion Physical Therapy, Limited Partnership
Green Country Physical Therapy, Limited Partnership

Green Oaks Physical Therapy, Limited Partnership
Hamilton Physical Therapy Services, Limited Partnership
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Hands-On Sports Medicine, Limited Partnership
Harbor Physical Therapy, Limited Partnership
Heartland Physical Therapy, Limited Partnership
Heritage Physical Therapy, Limited Partnership
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High Point Physical Therapy, Limited Partnership
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Roeppner Physical Therapy, Limited Partnership
HPTS Management GP, LLC
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Ohio Life Balance Physical Therapy, Limited Partnership
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Oregon Spine & Physical Therapy, Limited Partnership
Orthosport Physical Therapy (of Maryland) LLC
Osteoarthritis Centers of America, Limited Partnership
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Physical Restoration and Sports Medicine, Limited Partnership
Physical Therapy and Spine Institute, Limited Partnership

Physical Therapy Connection of McLean, Limited Partnership
Physical Therapy of Casper, Limited Partnership
Pinnacle Therapy Services, LLC
Pioneer Physical Therapy, Limited Partnership
Plymouth Physical Therapy Specialists, Limited Partnership
Port City Physical Therapy, Limited Partnership
Port Orange Physical Therapy, Limited Partnership
Portsmouth's Premiere Physical Therapy, Limited Partnership
Precise Touch Physical Therapy, Limited Partnership
Precision Physical Therapy, Limited Partnership
Preferred Physical Therapy, Limited Partnership
Prestige Physical Therapy, Limited Partnership
Proactive Physical Therapy, Limited Partnership
Procure PT Limited Partnership
Procure Physical Therapy Management GP, LLC
Professional Rehab Services, Inc.
Progressive Physical Therapy, Ltd.
Quad City Physical Therapy & Spine, Limited Partnership
R. Clair Physical Therapy, Limited Partnership
Radtke Physical Therapy, Limited Partnership
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Redbud Occupational & Physical Therapy, Limited Partnership
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Rehab Partners #1, Inc.
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Riverwest Physical Therapy, Limited Partnership
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Royal Physical Therapy, Limited Partnership
Ryke Management GP, LLC

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Saginaw Valley Sport and Spine, Limited Partnership
Saline Physical Therapy of Michigan, Ltd.
Seacoast Physical Therapy, Limited Partnership
Shrewsbury Physical Therapy, Limited Partnership
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South Tulsa Physical Therapy, Limited Partnership
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Southshore Physical Therapy, Inc.
Spectrum Physical Therapy, Limited Partnership
Spine & Sport Physical Therapy, Limited Partnership
Sport & Spine Clinic, L.P.
Sport & Spine Clinic of Auburndale, Limited Partnership
Sport & Spine Clinic of Fort Atkinson, Limited Partnership
Spracklen Physical Therapy, Limited Partnership
Star Physical Therapy, LP
Star PT Management GP LLC
Star PT, Limited Partnership
Star Therapy Centers, Limited Partnership
Sycamore Hand Center, Limited Partnership
Texstar Physical Therapy, Limited Partnership
The Hale Hand Center, Limited Partnership
Thibodeau Physical Therapy, Limited Partnership
Thomas Hand and Rehabilitation Specialists, Limited Partnership
Thunder Physical Therapy, Limited Partnership
Triumph Physical Therapy, Limited Partnership
Tupelo Hand Rehabilitation, Limited Partnership
U. S. Physical Therapy, Inc.
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U.S. Physical Therapy, Ltd.
U.S. PT – Delaware, Inc.
U.S. PT Alliance Rehabilitation Services, Inc.
U.S. PT Contract Management, Inc.
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U.S. PT Michigan #1, Limited Partnership
U.S. PT Michigan #2, Limited Partnership
U.S. PT – Michigan, Inc.

U.S. PT Payroll, Inc.
U.S. PT Solutions, Inc.
U.S. PT Therapy Services, Inc.
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Ultimate Performance Physical Therapy, Limited Partnership
Universal Physical Therapy, Limited Partnership
USPT Physical Therapy, Limited Partnership
Ventana Therapy Center, Limited Partnership
Victory Physical Therapy, Limited Partnership
Vileno Therapy of Treasure Coast, Limited Partnership
Virginia Parc Physical Therapy, Ltd.
West Texas Physical Therapy, Limited Partnership
Wilmington Hand Therapy, Limited Partnership
Wise Performance Physical Therapy, Limited Partnership
Workwise Therapy Services, Limited Partnership

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
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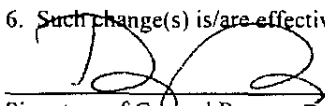
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NRAI Services, Inc.
Name
1200 S. Pine Island Road
Address
Plantation FL 33324
City, State and Zip

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Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. ~~Such change(s) is/are effective~~ when filed by the Florida Department of State.


Signature of General Partner Dona Priebe, Vice President on behalf of Rehab Partners #2, Inc., its General Partner

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.

By: Sylvia Queppet
Signature of Registered Agent Sylvia Queppet, Assistant Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

STATE OF

Texas

COUNTY OF

Harris

POWER OF ATTORNEY

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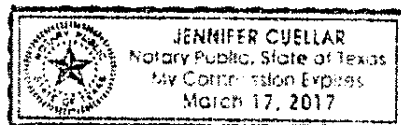
U.S. Physical Therapy, Inc.

BY: 

Subscribed and sworn to before me this 11th day of NOV, 20 13.

Jennifer Cuellar

Notary Public



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