Division of Corporations Public Access System

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Division of Corporations

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Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone

: (850)222-1173

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: (850)224-1640

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# FLORIDA/FOREIGN LP/LLP

STEOARTHRITIS CENTERS OF AMERICA, LIMITED PARTNERSH

Certificate of Status	0
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Page Count	05
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. Osteoarthritis Centers of America, Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P or LLLP.		
(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 3 11/15/07		
(State or Country of Formation) (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 an accept the obligations of my position as registered agent.		
Signature of Registered Agent		
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	07 NOV	SECR DIVISION
Page 1 of 3	119	105 VIX
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9. 1300 W. Sam Houston Pky	vy., Suite 300	
Houston, TX 77042		
10. Name, principal office address, and m	ailing address of each general partner:	
Rehab Partners #1, Inc.	1300 W. Sam Houston Pkwy., Suite 300 Houston, 1X 77042	
	1300 W. Sam Houston Pkwy., Suite 300 Houston, TX 77042	)
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)  (Mailing Address)	η
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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 th filed by the Florida Department of State.)	nan 90 days after the date this document is		
12. Attached is a certificate of existence duly to the delivery of this application to the Floric State or other official having custody of the e law of which it is organized.	da Department of State, by the Secretary of		
Signed this 19th day of Nov	ember , <sub>20</sub> <u>07</u>	<b>07</b> NO	DIVISIO
Signature of a general partner:		¥- 10	¥ CF AF F
		<u>-</u>	080 84 1
	•	07 NOV 19 AM 7:56	) F S ľATE PORATIO
Filing Fees: \$1,000. Certified Copy (optional): \$52.50	.00 (\$965 Filing Fee and \$35 Registered Agent Fee)	<del></del>	Ť,

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\$8.75

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> Corporations Section P.O.Box 13697

Austin, Texas 78711-3697

From: Katie Wonsch

Tuesday, November 20, 2007 12:51 PM Page: 5 of 5



H070002826Q Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Osteoarthritis Centers of America, Limited Partnership (file number 800898842), a Domestic Limited Partnership (LP), was filed in this office on November 15, 2007.

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

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 November 16, 2007.



Phil Wilson Secretary of State

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Dial: 7-1-1 for Relay Services Document: 193369880006