

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B07000000348

FILED
Mar 22, 2011
Secretary of State

Entity Name: OSTEOARTHRITIS CENTERS OF AMERICA, LIMITED PARTNERSHIP

Current Principal Place of Business:

10220 FOREST HILL BLVD.
SUITE 140
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1300 W SAM HOUSTON PKWY - STE 300
HOUSTON, TX 77042

New Mailing Address:

FEI Number: 26-1429970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 #: F07000005720
Name: REHAB PARTNERS #1, INC.
Address: 1300 W SAM HOUSTON PKWY - STE 300
City-St-Zip: HOUSTON, TX 77042

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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: CHRIS CORRIGAN

VPS

03/22/2011

Electronic Signature of Signing General Partner

Date