

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA/FOREIGN LP/LLLP

Advance Rehabilitation & Consulting Limited Partners

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

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Corporate Filing Menu

Help

B. BOSTICK

MAR - 9 2010

EXAMINE 2011

Application by foreign limited partnership or Limited liability limited partnership to transact business in Florida

L Advance Reliabi	litation & Consulting, Limited Partnership	•
Acceptable Limited	Partnership suffixes: Limited Partnership, Lin	nited Partnership, which must include suffic) nited, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailabl		limited liability limited partnership proposes to register to transact contain sacceptable suffix.
2. Toxas		3. Decamber 30, 2010
8	tate or Country of Formation	Date of Formation
4. Name of Registe	red Agent for Service of Process and Florida	Street Address:
NRAI Services, Inc		
2731 Executive Parl	c Drive, Suite 4	
Weston, Florida 33	331	•
of all statutes reli my position as reg	clive to the proper and complete parformance of clatered agent. Signature of Ro Denise Bell, A (Flurida Streat Address) 8. M	o act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of eightered Agent BST. SECY. Tailing Afteres: West Sam Honston Parkway South, Suits 300
Saite	300 - Нош	stod, Texas 77042
Houston	TX 77042	
•	rship is a limited liability limited partnership I office address, and malling address of each	
Name of General	Partner Advance Rehabilitation Missegement GP, LLC	Name of General Partner MITO COLOR COLOR
Street Address:	1300 West Sam Houston Purkway South, Suite 300	Street Address:
	Houston, Texas 77042	· · · · · · · · · · · · · · · · · · ·
Mailing Address:	1300 West Sam Houston Parkway South, Suite 300	Mailing Address:
SAMMALINE L BOARD MANAGE	Housian, Taxas 77042	ATE PRICE
Name of General	Partner:	Name of General Portner:
Street Address:		Street Address:
Mailing Address:		Mailing Address:

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H 1 1 0 0 0 0 3 7 7 2 7

Name of General Partners	Name of General Partner:		
Street Address:	Street Address:		
Mailing 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.)			
12. Attached is a certificate of existence duty 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 to the jurisdiction under the law of which it is organized.			
Signed this day of	uniary 20 II		
Signature of a general partner			
	t the focts stated herein are true and the individual is aware that folse information into constitutes a third degree felony as provided for in a \$17.155, P.S.		

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Filing Poss: Certified Copy (optional): Certificate of States (optional): \$1,000.00 (\$965 Filing Per and \$35 Registered Agent Fee) \$52.50 \$8.75

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



Hope Andrade 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 Formation for Advance Rehabilitation & Consulting, Limited Partnership (file number 801363636), a Domestic Limited Partnership (LP), was filed in this office on December 30, 2010.

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 February 10, 2011.

HEORY

Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

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February 15, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DENISE BELL 1300 WEST SAM HOUSTON PARKWAY SUITE 300 HOUSTON, TX 77042

SUBJECT: ADVANCE REHABILITATION & CONSULTING, LIMITED PARTNERSHIP REF: W11000008904

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H11000037727 Letter Number: 411A00003831

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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