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(Re	equestor's Name)	
÷, (Ac	ldress)	** **** ******************************
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

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NIG 20 2015 J. HARRIS



August 14, 2015

Via Federal Express

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Foreign Qualifications

Ladies & Gentlemen:

The enclosed applications, certificates of status, and fees are submitted to register the following to transact business in Florida:

- a) Momentum Physical & Sports Rehabilitation Limited Partnership; and
- b) Rehab Partners #10, LLC.

Our check no. 041046 dated August 14, 2015, in the amount of \$1,125.00 covers:

- \$1,000 (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$125 (Filing Fee for Application; \$25.00 Filing Fee for Registered Agent)

Using the enclosed pre-paid, self-addressed Federal Express envelope please return our file-stamped copy of the above applications and any other correspondence concerning this matter to the following:

Kaye Moehle, CP U.S. Physical Therapy, Inc. 1300 West Sam Houston Parkway South, Suite 300 Houston, TX 77042

For further information concerning this matter, please call Kaye Moehle at 713-297-7045 or email me at kmoehle@usph.com.

Very truly yours,

Kaye Moehle, CP

Attachments

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Momentum Physical & Sports Rehabilitation Limited Partnership

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

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited par business in Fle		imited liability limited partnership pro ontain acceptable suffix.	oposes to reg	şister t	o transact
_{2.} Tėxas	•	3. November 17, 2014			
State or Country of Formation		Date of Formation			
4. Federal Employer Identification Number: 47-23	88509				
5. Name of Registered Agent for Service of Process a		Street Address:			
Corporation Service Company					
1201 Hays Street					
Tallahassee, FL 32301					
6. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete per my position as registered agent. Sign	rformance of	act in this capacity. I further agree to finy duties, and I am familiar with an agree of the state of the sta	o comply wi d accept the	th the j obliga	provision. itions of
7. Principal Office:	8, Ma	niling Address			
·		00 West Sam Houston F	kwy S		
Suite 300 Su		te 300			
Houston, TX 77042	Но	uston, TX 77042			
9. If limited partnership is a limited liability limited	partnership	, check box .			
 Name, principal office address, and mailing address. Name of General Partner: Rehab Partners # 		general partner: M1500000 (6576 Name of General Partner:		5	
Street Address: 1300 West Sam Houston Pkwy	S, Ste. 300	Street Address:		AUG	*****
Houston, TX 77042		•		[]	
Mailing Address:		Mailing Address:		AX II: C	3
Name of General Partner:		Name of General Partner:	5.	- 5 -	
Street Address:		Street Address:			
Mailing Address:		Mailing Address:			

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Addréss:
11. Effective date, if other than the date of filing. N/A (Effective date cannot be prior to nor more than 90 days after the date	e this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized.	I having custody of the entity's records in the jurisdiction under
Signed this 14th day of Avanst	

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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



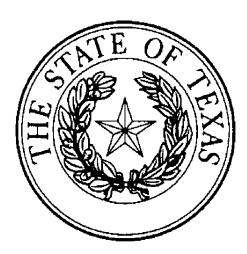
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Momentum Physical & Sports Rehabilitation, L.P. (file number 802102865), a Domestic Limited Partnership (LP), was filed in this office on November 17, 2014.

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 August 14, 2015.



Phone: (512) 463-5555

Carlos H. Cascos Secretary of State

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

Fax: (512) 463-5709

Dial: 7-1-1 for Relay Services