

B15000000227

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 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](mailto:kmoehle@usph.com).

Very truly yours,

Kaye Moehle, CP

Attachments

U.S. *physical* THERAPY, INC.

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 partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. November 17, 2014

Date of Formation

4. Federal Employer Identification Number: 47-2388509

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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 and accept the obligations of my position as registered agent.



Signature of Registered Agent

7. Principal Office:

1300 West Sam Houston Pkwy S

Suite 300

Houston, TX 77042

8. Mailing Address:

1300 West Sam Houston Pkwy S

Suite 300

Houston, TX 77042

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Rehab Partners #10, LLC MIS00000 6576

Street Address: 1300 West Sam Houston Pkwy S, Ste. 300

Houston, TX 77042

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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 this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly 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 in the jurisdiction under the law of which it is organized.

Signed this 14<sup>th</sup> day of AUGUST, 20 15.

  
\_\_\_\_\_  
Signature of a general partner

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



Carlos H. Cascos  
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 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.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State