

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

98 SEP 18 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. **DOCUMENT #
B94000000478**

**COMPREHENSIVE HAND & PHYSICAL THERAPY, LIMITED
PARTNERSHIP**



Mailing Address 3040 POST OAK BLVD., SUITE 222 HOUSTON TX 77056		Principal Office Address 3040 POST OAK BLVD., SUITE 222 HOUSTON TX 77056		3. Date Formed or Registered 11/28/1994	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 09/29/1997	
				4. State or Country of Formation TX	
				6. FEI Number 76-0452158	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) REHAB PARTNERS #2, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3040 POST OAK BLVD., SUITE 222	11b. City, State & Zip Code HOUSTON TX 77056	11c. Registration/ Document Number F93000004969
		700002646067--8 -09/22/98--01048--006 ****141.25 ****141.25	

R2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Handwritten Signature]

DATE

9/11/98

Typed or Printed Name of General Partner Signing Form

REHAB PARTNERS #2, INC.

Daytime Telephone Number

(713) 297-7000