

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000478**

1. Entity Name

COMPREHENSIVE HAND & PHYSICAL THERAPY, LIMITED P

DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 3040 POST OAK BLVD., SUITE 222 HOUSTON TX 77056	Mailing Address 3040 POST OAK BLVD., SUITE 222 HOUSTON TX 77056-6509
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 76-0452158	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F93000004969 REHAB PARTNERS #2, INC. 3040 POST OAK BLVD., SUITE 222 HOUSTON TX 77056
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	300003235329-5 -05/02/00--01063--001 ****141.25 ****141.25
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *ANTHONY M. R. DOKOTAKI* **Flato** 4/13/00 713-297-7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Treasurer of Rehab Partners # 2, Inc.

CR2E003 (9/99)