


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B9400000478</b>	
1. Entity Name <b>COMPREHENSIVE HAND &amp; PHYSICAL THERAPY,          LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>1300 W SAM HOUSTON PKWY, S., #300          HOUSTON, TX 77042</b>	Mailing Address <b>1300 W SAM HOUSTON PKWY, S., #300          HOUSTON, TX 77042</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

04012004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>76-0452158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CT CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000.00</b>	UBR Filing Fee + UBR Supplemental Fee = Amount Due <b>\$52.50 + 88.75 = \$141.25</b>
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F93000004969	STREET ADDRESS	
NAME	REHAB PARTNERS #2, INC.	CITY - ST - ZIP	
STREET ADDRESS	1300 W. SAM HOUSTON PKWY, S., #300		
CITY - ST - ZIP	HOUSTON, TX 77042		
DOCUMENT #		STREET ADDRESS	UD0000136095
NAME		CITY - ST - ZIP	04/29/04-80006-010 141.25
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NAME		CITY - ST - ZIP	
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)(c), 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:**  **Janna King, VP to General Partner** April 7, 2004 713/297-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #