
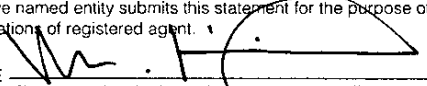
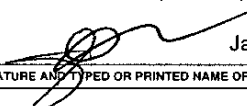


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
 05 MAR -7 AM 10:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # B94000000478</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>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b> Name <b>NRAI SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 EXECUTIVE PARK DRIVE, SUITE 4</b> City <b>WESTON</b> FL Zip Code <b>33331</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>MICHAEL MIRRIDNE, ASST. SEC.</b>	
DATE <b>3/2/05</b>		<small>DATE</small>	
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 <b>\$141.25</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F93000004969</b> <b>REHAB PARTNERS #2, INC.</b> <b>1300 W. SAM HOUSTON PKWY, S., #300</b> <b>HOUSTON, TX 77042</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>100048186871</b> <b>03/11/05--01007--020 **141.25</b>
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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.			
<b>SIGNATURE:</b> 		<b>Janna King, VP of General Partner</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	

STAPLE CHECK HERE