

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # B94000000478**

1. Entity Name  
**COMPREHENSIVE HAND & PHYSICAL THERAPY,  
LIMITED PARTNERSHIP**



Principal Place of Business  
**1300 W. SAM HOUSTON PKWY.  
SUITE 300  
HOUSTON, TX 77042 US**

Mailing Address  
**1300 W. SAM HOUSTON PKWY.  
SUITE 300  
HOUSTON, TX 77042 US**



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**76-0452158**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # **F93000004969**  
NAME **REHAB PARTNERS #2, INC.**  
STREET ADDRESS **1300 W. SAM HOUSTON PKWY., SUITE 300**  
CITY-ST-ZIP **HOUSTON, TX 77042**

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U000000603829  
01/29/07-80029-024 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**Jarina King, VP of General Partner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/07

Date

**(713) 297-7000**

Daytime Phone #