2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

DOCUMENT # B94000000478

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

FILED Jan 22, 2008 08:00 AN Secretary of State



01102008 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (12/06)

4. FEI Number 76-0452158

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

U00000791752

01/23/08-80088-009 500.00

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	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
DOCUMENT /		
NAME		
STREET ADDRESS		
CITY-\$1-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for		

DO NOT WRITE IN THIS SPACE

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

VATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Janna King, Vice President of General Partner

1/10/08

(713) 297-7000

Davime Phone *