

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B94000000478

FILED
Feb 13, 2009
Secretary of State

Entity Name: COMPREHENSIVE HAND & PHYSICAL THERAPY, LIMITED PARTNERSHIP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 76-0452158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: F93000004969
Name: REHAB PARTNERS #2, INC.
Address: 1300 W. SAM HOUSTON PKWY., SUITE 300
City-St-Zip: HOUSTON, TX 77042

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

02/13/2009

Electronic Signature of Signing General Partner

Date