

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000478

**FILED**  
**Jan 13, 2010**  
**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:**

3230 LAKE WORTH RD  
SUITE C  
LAKE WORTH, FL 33461 US

**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 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: CHRIS CORRIGAN

VP

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date