

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017609 AT

DOCUMENT # **B94000000478**



FILED
03 APR -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business
**3040 POST OAK BLVD., SUITE 222
HOUSTON TX 77056**

Mailing Address
**3040 POST OAK BLVD., SUITE 222
HOUSTON TX 77056**



2. Principal Place of Business
1300 W. Sam Houston Pkwy. South

3. Mailing Address
1300 W. Sam Houston Pkwy. South

Suite/Apt. #, etc.
300

Suite/Apt. #, etc.
300

DUE BY MAY 1, 2003

City & State
Houston Texas

City & State
Houston, Texas

4. FEI Number **76-0452158**

Applied For
 Not Applicable

Zip
77042

Country
USA

Zip
77042

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

600015050846
04/02/03--01010--023 **141.25

City **FL** Zip Code _____

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

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F93000004969**
NAME **REHAB PARTNERS #2, INC.**
STREET ADDRESS **3040 POST OAK BLVD., SUITE 222**
CITY-ST-ZIP **HOUSTON TX 77056**

STREET ADDRESS **1300 W. Sam Houston Pkwy. S., Ste. 300**
CITY-ST-ZIP **Houston, TX 77042**

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STREET ADDRESS _____
CITY-ST-ZIP _____

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

SIGNATURE: **[Signature]** SIGNATURE REQUIRED: **Michael Mullin 3/25/03 78297-7000**
DATE: _____ DAYTIME PHONE #: _____

CR2E003 (10/02)