B95000000397

October 25, 1995

900001627199
-11/03/95--01014--001
****148.75 ****148.75

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please send all correspondence for the filing of "Tom Melko Physical Therapy" to the attention of:

Michele Lorenz
U.S. Physical Therapy
3040 Post Oak Blvd., Suite 222
Houston, TX 77056

If you have any questions regarding this filing, I may be reached at (713) 297-7007. Thank you for your immediate attention.

FILED
1995 NOV -2 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Michele Lorenz

| | |
|---|---|
| Name Availability | 11/6/95 dcc |
| Document Examiner | DCC |
| Updater | DCC |
| Verifier | DCC |
| Acknowledgement | DCC |
| W. P. Verifyer | DCC |

TC
$ 90.00

B95000000397

Sandra B. Mortham, Secretary of State

# APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Tom Melko Physical Therapy, Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Texas (State of Formation) 4. September 18, 1995 (Date of Formation)

5. Tom Melko
(Name of Registered Agent for Service of Process)

6. 1301 Silversands Ave.
(Street Address of Registered Office)

Naples (City), Florida 33942 (Zip Code)

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1995 NOV -2 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line)

8. 3040 Post Oak Blvd., Suite 222 Houston, TX 77056
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — SPECIFIC ADDRESS

Rehab Partner #2, Inc. 3040 Post Oak Blvd., Suite 222 Houston, TX 77056

F93000004969

10. 3040 Post Oak Blvd., Suite 222 Houston, TX 77056
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 3040 Post Oak Blvd., Suite 222 Houston, TX 77056
(Mailing Address of Limited Partnership)

This 12 day of October, 19 95.

Rehab Partners #2, Inc.
General Partner

By: [signature]

STATE OF Texas

COUNTY OF Harris

THE FOREGOING instrument was acknowledged and sworn to before me this 12th day of October, 1995, by [signature] (Name of General Partner) of Tom Melko Physical Therapy, LP (Name of Limited Partnership), a Texas Limited Partnership Limited Partnership, on behalf of TEXAS (State or Country) Limited Partnership.

FILED
1995 NOV -2 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Deborah D. Jennings
Notary Public

State of Texas at Large

(SEAL) My Commission Expires: 10-18-96

DEBORAH D. JENNINGS
NOTARY PUBLIC
State of Texas
Comm. Exp. 10-18-96

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

*BEFORE ME the undersigned personally appeared* Roy Spradlin, President of Rehab Partners #1, Inc *general partner of* Tom Melko Physical Therapy, Limited Partnership *, a (an)* Texas *limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:*

1. The amount of capital contributions of the limited partners is $ 990 .
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 990 .

This 12 day of October , 1995 .

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

FILED
1995 NOV -2 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rehab Partners #1, Inc.
BY: Roy Spradlin
General Partner
Roy Spradlin, President

State of TEXAS
County of HARRIS
Date OCTOBER 12, 1995

*BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared* ROY SPRADLIN, PRESIDENT *(General Partner), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.*

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 12th day of October , 19 95 .

DEBORAH D. JENNINGS
NOTARY PUBLIC
State of Texas
Comm. Exp. 10-18-96

Deborah D Jennings
Notary Public

State of TEXAS at Large

My commission expires: OCTOBER 18, 1996

**FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**TOM MELKO PHYSICAL THERAPY, LIMITED PARTNERSHIP**

1a. DOCUMENT #
**B95000000397**

DO NOT WRITE IN THIS SPACE

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

Principal Office Address
3040 POST OAK BLVD., SUITE 222
HOUSTON TX 77056

2. New Mailing Address, if Applicable
Suite, Apt. # etc.
City, State & Zip

100001776361
04/11/96--01062--036
****191.25 ****191.25

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

| 3. Date Formed or Registered to Do Business in FLORIDA | 3a. Date of Last Report | 4. State or Country of Formation |
|---|---|---|
| 11/02/1995 | | TX |

| 5a. Capital Contributions as Shown on Record | 5b. Amount of Capital Contributions in FLORIDA to date | 6. FEI Number | Applied For / Not Applicable | 7. CERTIFICATE OF STATUS REQUIRED |
|---|---|---|---|---|
| $990.00 | 350.00 | 76-0483098 | | $8.75 Additional Fee required for a Certificate of Status ☐ |

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NOT LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

| 9. Name and Address of Current Registered Agent | 10. If changed, new Registered Agent/Office |
|---|---|
| MELKO, TOM<br>1301 SILVERSANDS AVE<br>NAPLES FL 33942 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. # etc.<br>City: FL — Zip Code |

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 4/1

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Not P.O. Box Number) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|---|---|---|---|
| REHAB PARTNER #2, INC. | 3040 POST OAK BLVD., | HOUSTON TX 77056 | F93000004889 |

**NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mark Brookner DATE 4/5/96

Typed or Printed Name of General Partner Signing Form: Mark J. Brookner, Rehab Partners #2, Inc. Telephone Number: (713) 297-7000

CR2E003 (11/95)