



B95000000397

October 25, 1995

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****148.75 ****148.05

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.

Sincerely,

Michele Lorenz

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

Name	11/6/95
Availability	dkc
Document Examiner	DOC
Reporter	DOC
Checker Verifier	DOC
Acknowledgement	DOC
W. P. Verifier	DOC

TC
\$990.00

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.")

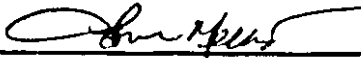
3. Texas 4. September 18, 1995
(State of Formation) (Date of Formation)

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

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

Naples, Florida 33942
(City) (Zip Code)

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.)

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

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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.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, 1995.

Rehab Partners #2, Inc.
General Partner

By: *R. L. Madhu*

STATE OF Texas

COUNTY OF Harris

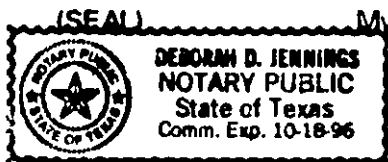
THE FOREGOING instrument was acknowledged and sworn to before me this 12th of October, 1995, by *R. L. Madhu* of
(Name of General Partner)

Tom Melko Physical Therapy, LP, a Texas Limited Partnership
(Name of Limited Partnership)

Limited Partnership, on behalf of TEXAS
(State or Country)
Limited Partnership.

Deborah D. Jennings
Notary Public

State of Texas at Large



My Commission Expires: 10-18-96

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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned ^{Therapy, Limited Partnership} personally appeared Roy Spradlin, President of Rehab Partners #1, Inc. ^{general} partner of Tom Melko Physical, 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.

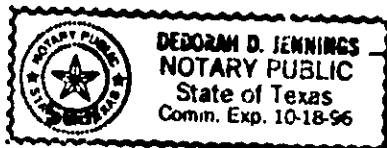
Rehab Partners #1, Inc.
BY: Roy Spradlin
General Partner
Roy Spradlin, President

FILED
1995 NOV-2 PM 12:50
SECRET
TALLAHASSEE, FLORIDA

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, 1995.



Deborah A 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 McInham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000397

TOM MELKO PHYSICAL THERAPY, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

State, Apt. #, etc.

City, State & Zip

100001776361

2a. New Principal Officer **04/11/96** **01062--036**

******191.25 ****191.25**

State, Apt. #, etc.

City, State & Zip

Mailing Address

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

Principal Office Address

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

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

11/02/1995

3a. Date of Last Report

4. State or Country of Formation

TX

5a. Capital Contributions as Shown
on Record

\$990.00

5b. Amount of Capital Contributions in
FLORIDA to date

350.00

6. FEI Number

76-048 3098

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☒ \$175 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 be 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 an affidavit 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

**MELKO, TOM
1301 SILVERSANDS AVE
NAPLES FL 33942**

10. If changed, new Registered Agent/Office

Name

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

State, Apt. #, etc.

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, submit 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

9/2

**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
(If filed, use Post Office Box Number)

11b. City, State & Zip Code

11c. Registration
Document Number

REHAB PARTNER #2, INC.

3040 POST OAK BLVD.,

HOUSTON TX 77056

F83000004000

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 submitted 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 J. Brookner

DATE

4/5/96

Typed or Printed Name of General Partner Signing Form

Mark J. Brookner, Rehab Partner #2, INC.

Telephone Number **(713) 297-7000**

CR2E003 (11/95)