2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000768 AT

DOCUMENT # B95000000397

1. Entity Name
GULFWINDS PHYSICAL THERAPY, LIMITED PARTNERSHIP

FILED
03 APR -3 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business	3. Mailing Address
1300 W. Sam Houston Pkwy South	1300 W. Sam Houston Pkwy. South
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: Houston, Texas	City & State: Houston, Texas
Zip: 77042 Country: USA	Zip: 77042 Country: USA

DUE BY MAY 1, 2003

4. FEI Number 76-0483098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00	$990	

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	STREET ADDRESS	1300 W. Sam Houston Pkwy. S., Ste. 300
NAME	REHAB PARTNER #2, INC.	CITY-ST-ZIP	Houston, Texas 77042
STREET ADDRESS	3040 POST OAK BLVD., SUITE 222		
CITY-ST-ZIP	HOUSTON TX 77056		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	800015293898
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CITY-ST-ZIP			

CR2E003 (10/02)

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 REQUIRED J. Michael Mullin 3/25/03 713-297-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #