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(Requestor's Name)

(Address)

(Address)

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B95-397
OR

October 20, 2003

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

RE: Cancellation of Gulfwinds Physical Therapy, Limited Partnership

Dear Sir or Madam:

Enclosed please find check number 006705 in the amount of $52.50 to cancel Gulfwinds Physical Therapy Limited Partnership. If you have any questions or concerns please call me at 1-800-580-6285 x7045.

Sincerely,

Fairie Heath

Fairie Heath
Paralegal

Enclosures

U.S. PHYSICAL THERAPY, INC.
1300 W. Sam Houston Pkwy :: Suite 300 :: Houston, Texas 77042 :: 713.297.7000 :: 713.297.7090 Fax
www.usphysicaltherapy.com

CERTIFICATE OF CANCELLATION
FOR

Gulfwinds Physical Therapy, Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

(Signature of a General Partner)

Jeffrey Frost, VP of General Partner

(Typed or Printed name of General Partner Signing Above)

STATE OF Texas

COUNTY OF Harris

On this 8th day of October, 2003, Jeffrey Frost personally appeared before me,

- ☑ who is personally known to me
- ☐ whose identity I proved on the basis of _____

FAIRIE HEATH
Notary Public, State of Texas
My Commission Expires 1/22/06

Notary Public Signature

Fairie Heath

Notary's Printed Name

Seal

My Commission Expires: 1/22/06