FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 AM 11:06

1. Name of Limited Partnership

DEBRA DENT PHYSICAL THERAPY, LIMITED PARTNERSHIP

1a. DOCUMENT #
B96000000232

Mailing Address	Principal Office Address
C/O US PHYSICAL THERAPY 3040 POST OAK BLVD.. SUITE 222 HOUSTON TX 77056	C/O US PHYSICAL THERAPY 3040 POST OAK BLVD.. SUITE 222 HOUSTON TX 77056

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc.
City & State
Zip Country

3. Date Formed or Registered: 06/25/1996
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: 76-0505862 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

DENT, DEBRA
4 CLEARVIEW DRIVE
SAFETY HARBOR FL 34695

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, 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, 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 _____

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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
DENT, DEBRA	4 CLEARVIEW DRIVE	SAFETY HARBOR FL 3469	
REHAB PARTNERS #2, INC.	3040 POST OAK BLVD.,	HOUSTON TX 77056	F96000004969 3
SPRADLIN, ROY	3040 POST OAK BLVD.,	HOUSTON TX 77056	
BROOKNER, MARK	3040 POST OAK BLVD.,	HOUSTON TX 77056	

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dcc

CR2E003 (6/96)

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

Typed or Printed Name of General Partner Signing Form: Mark J. Brookner - VP Rehab Partners Daytime Telephone Number: (713) 297-7087