

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 OCT -6 PM 1:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000232

DEBRA DENT PHYSICAL THERAPY, LIMITED PARTNERSHIP

99-AR CM



Mailing Address

C/O US PHYSICAL THERAPY
3040 POST OAK BLVD., SUITE 222
HOUSTON TX 77056

Principal Office Address

C/O US PHYSICAL THERAPY
3040 POST OAK BLVD., SUITE 222
HOUSTON TX 77056

3. Date Formed or Registered

06/25/1996

5a. Capital Contributions as
Shown on record.

\$990.00

3a. Date of Last Report

09/29/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

TX

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

REHAB PARTNERS #2, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3040 POST OAK BLVD.,
SUITE 222

11b. City, State & Zip Code

HOUSTON TX 77056

11c. Registration/
Document Number

F93000004969

300002659789-9
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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

DATE

Typed or Printed Name of General Partner Signing Form

REHAB PARTNERS #2, INC.

Daytime Telephone Number

(713) 297-7000

CR2E003 (8/98)