


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 22, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # B96000000232 1. Entity Name SAFETY HARBOR PHYSICAL THERAPY, LIMITED PARTNERSHIP |  |
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|---|---|
| Principal Place of Business 1300 W. SAM HOUSTON PARKWAY SOUTH SUITE #300 HOUSTON, TX 77042 | Mailing Address 1300 W. SAM HOUSTON PARKWAY SOUTH SUITE #300 HOUSTON, TX 77042 |
|---|---|



01102008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 76-0505862 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 |
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U000000791760
01/23/08-80088-011 500.00

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.

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| 12. GENERAL PARTNER INFORMATION | |
| DOCUMENT # | F93000004969 |
| NAME | REHAB PARTNERS #2, INC. |
| STREET ADDRESS | 1300 W. SAM HOUSTON PARKWAY SOUTH |
| CITY-ST-ZIP | HOUSTON, TX 77042 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Janna King, Vice President of General Partner** **1/10/08** **(713) 297-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE