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To:

Division of Corporations

Pax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number: 110450000714 Phone: (850)222-1173

Fax Number : (850)224-1640

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REGISTERED AGENT CHANGE

U.S. PT THERAPY SERVICES, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is subm	provisions of sections 607.0502, 617.0502, 607.1 itted for a corporation organized under the laws o zistered office or registered agent, or both, in the	f the State of Delaware	statement of in order		
1. The name of	the corporation: U.S. PT Therapy Services, Inc				
2. The principal	2. The principal office address: 1300 West Sam Houston Parkway, Suite 300, Houston, TX 77042				
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification: 1/10/2003 De	ocument number: F03000000150	2005 TALL	-	
	d street address of the current registered agent and trment of State:	registered office on file with the	DOS HAR	_	
	CT Corporation System		SSEE SSEE	Ē	
	1200 South Pine Islands Road		PH EFFS		
	Plantation, FL 33324		SRA €		
6. The name and (if changed):	d street address of the new registered agent (if cha	nged) and /or registered office	A E D A		
	NRAI Services, Inc.				
	526 E. Park Avenue				
	(P.O. Box or personal resilbox NO	Tacceptable)			
	Tallahassee, FL 32301		•		
The street addr changed will be	ess of its registered office and the street address e identical.	of the business office of its registered	agent, as		
Such change was be board, or the	as authorized by resolution duly adopted by its e corporation has been notified in writing of the	board of directors or by an officer so a change.	uthorized by		
	Signature of air officer or different	Janna King, VPS			
	t the appointment as registered agent and agree to comply with the provisions of all statutes rel of familiar with and accept the obligation of my ety to reflect a change in the registered office a writing of this/change.	to act in this capacity, along the performance of the corporation as registered agent. Or, if the daress, I hereby confirm that the corporation of the performance of	rmance of my is document is pration has		
py:		January 27, 2005			
If signing on be	(Signature of Registered Agent) chalf of an entity:	(Date)			
Michael Mirri	one (Typed or Printed Name)	Assistant Secretary			
		(Ashmu3)			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314