

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 05, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # F0300000150**

1. Entity Name  
U.S. PT THERAPY SERVICES, INC.



Principal Place of Business  
1300 W. SAM HOUSTON PKWY., SUITE 300  
HOUSTON, TX 77042

Mailing Address  
1300 W. SAM HOUSTON PKWY., SUITE 300  
HOUSTON, TX 77042



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
76-0613914

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME READING, CHRIS  
STREET ADDRESS 1300 W. SAM HOUSTON PKWY., SUITE 300  
CITY-ST-ZIP HOUSTON, TX 77042

TITLE V  
NAME KING, JANNA  
STREET ADDRESS 1300 W. SAM HOUSTON PKWY., SUITE 300  
CITY-ST-ZIP HOUSTON, TX 77042

TITLE T  
NAME MCAFEE, LARRY  
STREET ADDRESS 1300 W. SAM HOUSTON PKWY., SUITE 300  
CITY-ST-ZIP HOUSTON, TX 77042

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000619981  
02/09/07-80019-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Janna King, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1116107

(713) 297-7000