

**2016 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000478

**Entity Name:** COMPREHENSIVE HAND & PHYSICAL THERAPY, LIMITED  
PARTNERSHIP

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC7242808459**

**Current Principal Place of Business:**

3230 LAKE WORTH RD  
SUITE C  
LAKE WORTH, FL 33461

**Current Mailing Address:**

1300 W. SAM HOUSTON PKWY. SOUTH  
SUITE 300  
HOUSTON, TX 77042 US

**FEI Number: 76-0452158**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # F93000004969  
Name REHAB PARTNERS #2, INC.  
Address 1300 W. SAM HOUSTON PKWY.  
SOUTH, SUITE 300  
City-State-Zip: HOUSTON TX 77042

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD BINSTEIN**

**VICE PRESIDENT**

**03/15/2016**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date