## **2024 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B9400000478

Entity Name: COMPREHENSIVE HAND & PHYSICAL THERAPY, LIMITED

**PARTNERSHIP** 

D

Apr 18, 2024 Secretary of State 2985352927CC

**FILED** 

# **Current Principal Place of Business:**

1300 W SAM HOUSTON PKWY S SUITE 300

HOUSTON, TX 77042-2453

## **Current Mailing Address:**

1300 W SAM HOUSTON PKWY S SUITE 300 HOUSTON. TX 77042-2453 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 S

SUITE 300

City-State-Zip: HOUSTON TX 77042-2453

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

Electronic Signature of Signing General Partner Detail

SECRETARY

04/18/2024

Date