

2013 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B94000000478

Entity Name: COMPREHENSIVE HAND & PHYSICAL THERAPY, LIMITED
PARTNERSHIP

FILED
Apr 30, 2013
Secretary of State
CC0036232740

Current Principal Place of Business:

3230 LAKE WORTH RD
SUITE C
LAKE WORTH, FL 33461

Current Mailing Address:

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

FEI Number: 76-0452158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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.,
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

VPS

04/30/2013

_____ Electronic Signature of Signing General Partner Detail

_____ Date