

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010415

FILED
Apr 27, 2007
Secretary of State

Entity Name: LAUDERHILL PHYSICAL THERAPY, LLC

Current Principal Place of Business:

11221 ROE AVENUE
320
LEAWOOD, KS 66211

New Principal Place of Business:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Current Mailing Address:

11221 ROE AVENUE
320
LEAWOOD, KS 66211

New Mailing Address:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

FEI Number: 20-4241080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINNIHAN, JOHN J
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NUETERRA HEALTHCARE, MANAGEMENT, LL C
Address: 11221 ROE AVENUE, SUITE 320
City-St-Zip: LEAWOOD, KS 66211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NUETERRA HEALTHCARE, MANAGEMENT, LL C
Address: 11221 ROE AVENUE, SUITE 310
City-St-Zip: LEAWOOD, KS 66211 US

Title: MGR () Change (X) Addition
Name: NUETERRA HEALTHCARE, PHYSICAL THERAPY, LLC
Address: 11221 ROE AVENUE, SUITE 310
City-St-Zip: LEAWOOD, KS 66211 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANIEL R. TASSET

CEO

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date