2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2010
Secretary of State

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Entity Name: WELL BODY MANAGEMENT, LLC

Current Principal Place of Business:

11221 ROE AVENUE, SUITE 320
C/O NUETERRA HEALTHCARE MANAGEMENT
LEAWOOD, KS 66211 US

New Principal Place of Business:

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Current Mailing Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-5071125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: MGRM
Name: NUETERRA HEALTHCARE PHYSICAL THERAPY, LLC
Address: 11221 ROE AVENUE, SUITE 310
City-St-Zip: LEAWOOD, KS 66211

Title: MGR
Name: LABRECQUE, SARAH
Address: PO BOX 328
City-St-Zip: TERRA CEIA, FL 34250

I hereby 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 Statues.

SIGNATURE: JOHN SCHARIO,PRES-NUETERRAHEALTHCAREPHYSTH MGRM 03/16/2010

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