

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068527

FILED
May 27, 2010
Secretary of State

Entity Name: PHYSICAL THERAPY WORKS, LLC

Current Principal Place of Business:

11221 ROE AVENUE
SUITE 310
LEAWOOD, KS 66211 US

New Principal Place of Business:

ATTN: G. WOODY - 11221 ROE AVENUE
SUITE 320
LEAWOOD, KS 66211 US

Current Mailing Address:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 20-5182655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Title: MGR
Name: KENNEY, AMBER L
Address: 100 EXECUTIVE WAY STE 109
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 Statutes.

SIGNATURE: JOHN SCHARIO

MGRM

05/27/2010

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