

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000068527

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY WORKS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: G. WOODY - 11221 ROE AVENUE  
SUITE 320  
LEAWOOD, KS 66211 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 320  
**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: DANIEL J. SAALE

MGRM

04/24/2012

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