


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90015 027 ***138.75

DOCUMENT # M07000007511	
1. Entity Name NUETERRA HEALTHCARE SINGLE SPECIALTY DIVISION, LLC	

Principal Place of Business 11221 ROE AVENUE, SUITE 320 LEAWOOD, KS 66211	Mailing Address 11221 ROE AVENUE, SUITE 320 LEAWOOD, KS 66211
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50006303



2. Principal Place of Business - No P.O. Box # 1200 South Pine Island	3. Mailing Address 1200 South Pine Island
Suite, Apt. #, etc. Road	Suite, Apt. #, etc. Road

04282008 Chg-LLC CR2E083 (12/06)

City & State Plantation FL	City & State Plantation FL
Zip 33324 Country USA	Zip 33324 Country USA

4. FEI Number 51-0514286	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

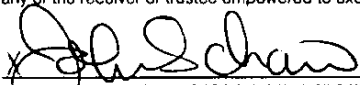
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TASSET, DANIEL R 11221 ROE AVENUE, SUITE 320 LEAWOOD, KS 66211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Daniel R. Tasset <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11221 Roe Avenue, Suite 320 Leawood KS 66211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAM, TAMMY 11221 ROE AVENUE, SUITE 320 LEAWOOD, KS 66211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Tammy Ham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 Broadway, Suite 325 Kansas City MO 64111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHARIO, JOHN 11221 ROE AVENUE, SUITE 320 LEAWOOD, KS 66211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Manager	913-387-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #