

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075661

Entity Name: WELL BODY CLINIC, INC.

FILED
Apr 08, 2011
Secretary of State

Current Principal Place of Business:

11221 ROE AVENUE, SUITE 320
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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Mailing Address:

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

FEI Number: 65-0862141

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

OFFICERS AND DIRECTORS:

Title: DIR
Name: NUETERRA HEALTHCARE PHYSICAL THERAPY, LLC
Address: 11221 ROE AVE STE 320
City-St-Zip: LEAWOOD, KS 66211

Title: DIR
Name: LABREQUE, SARAH
Address: 219 GOLDEN HARBOUR TRAIL
City-St-Zip: BRADENTON, FL 34212

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL J. SAALE, SEC-NUETERRAHEALTHCAREPT

DIR

04/08/2011

Electronic Signature of Signing Officer or Director

Date