

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026813

FILED
Mar 09, 2005
Secretary of State

Entity Name: INJURY REHABILITATION SPECIALISTS, LLC

Current Principal Place of Business:

3611 W. HILLSBOROUGH AVENUE, SUITE 210
TAMPA, FL 33614

New Principal Place of Business:

3611 W. HILLSBOROUGH AVENUE,
SUITE 212
TAMPA, FL 33614

Current Mailing Address:

3611 W. HILLSBOROUGH AVENUE, SUITE 210
TAMPA, FL 33614

New Mailing Address:

3611 W. HILLSBOROUGH AVENUE,
SUITE 212
TAMPA, FL 33614

FEI Number: 45-0520578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRM () Delete
Name: VISHER, MICHAEL VP
Address: 12595 E TENNESSE CIR #B
City-St-Zip: AURORA, CO 80012 US

Title: MGRM () Delete
Name: PINHASOV, VADIM PRES
Address: 6027 S. QUATAR WAY
City-St-Zip: AURORA, CO 80015 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VISHER, MICHAEL VP
Address: 5305 WINDBRUSH DR
City-St-Zip: TAMPA, FL 33625 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: MICHAEL VISHER

VP

03/09/2005

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