

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026813

**FILED**  
**Jan 26, 2006**  
**Secretary of State**

**Entity Name:** INJURY REHABILITATION SPECIALISTS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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

01/26/2006

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