

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026813

FILED
Mar 06, 2007
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

03/06/2007

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