2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# L99000008259

Entity Name: ADVANCED INJURY MEDICAL REHAB CENTER, LLC

Current Principal Place of Business:

4770 U.S. 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4770 U.S. 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3611180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLITANO, PETER A ESQ.
7617 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

EMANDI, RICH
4770 U.S. 19
NEW PORT RICHEY, FL 34652 US

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: RICH EMANDI 01/25/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: EMANDI, RICH
Address: 4770 U.S. HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

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: RICH EMANDI MGRM 01/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date