

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008259

FILED  
May 01, 2006  
Secretary of State

**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:**

226 E. TARPON AVE  
TARPON SPRINGS, Q 34689

**Current Mailing Address:**

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

**New Mailing Address:**

226 E. TARPON AVE  
TARPON SPIRNGS, FL 34689

FEI Number: 59-3611180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

EMANDI, RICH  
226 E. TARPON AVE  
TARPON SPRINGS, FL 34689      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

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: EMANDI, RICH  
Address: 226 E. TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

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: RICH EMANDI

MGRM

05/01/2006

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