

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026813

FILED
Jul 10, 2008
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 ()
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:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

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 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

MGRM

07/10/2008

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