2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: L SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # L03000049405 1. Entity Name INTERVENTIONAL REHABILITATION TECHNOLOGIES, L.L.C.						05-03-2004	90150 03	38 **** <i>5</i>	0.00
Principal Plac		Mailing Address	-						
510 CORDAY PENSACOLA,		510 CORDAY ST. PENSACOLA, FL 32503						-6-1	
TENSAUDIT, TE 32303					I remailed to a re-				(4.8) (4.7)
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192004	03192004 Chg-LLC CR2E083 (10/03)			
City & State		City & State			4. FEI Number 56-2419540		Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LOZIER, DANIEL R				Name					
24 WEST	CHASE ST. DLA, FL 32502		Street Address	(P.O. Box Numbe	er is Not Acceptable)	,		
. (2.10/100		- ·			_				
•			City	· <u> </u>			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE !	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent signature require	d when reinstating)		DATE		
Fi D	ling Fee is \$50.00 ue by May 1, 2004				Make check payable to Florida Department of State				
9.	MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES				
TITLE	MGRM	Delete	TITL	I				☐ Change	☐ Addition
NAME STREET ADDRESS	RUBEN B. TIMMONS, M.D. 510 CORDAY ST.		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	CRAIG C. CARIA, M.D. 510 CORDAY ST.	NAM coor		E Et address					
CITY-ST-ZIP	PENSACOLA, FL 32503			- ST- ZIP					
TITLE	MGRM							☐ Change	Addition
NAME	AARON B. STEIN, M.D.		NAM	- 1					
STREET ADDRESS CITY-ST-ZIP	510 CORDAY ST. PENSACOLA, FL 32503	4		ET ADDRESS - ST - ZIP					
TITLE	- 12300	Delete	TITLE				 	☐ Change	Addition
NAME		Delate	NAM	ľ				onengo	7.00.00
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME		☐ Delete	NAM					Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP	·				
TITLE		☐ Delete	FITLE	l l				☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	E Et address					-
CITY-ST-ZIP	<u>.</u>	•		-ST-ZIP				_ '	
indicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	hat my signature shall have t	he same	e legal effect as if r	made under oath	that I am a manag	further certi ing member	fy that the ir or manage	r of the