

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000049405

1. Entity Name  
INTERVENTIONAL REHABILITATION TECHNOLOGIES,  
L.L.C.



Principal Place of Business  
510 CORDAY ST.  
PENSACOLA, FL 32503

Mailing Address  
510 CORDAY ST.  
PENSACOLA, FL 32503



03142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2419549

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOZIER, DANIEL R  
24 WEST CHASE ST.  
PENSACOLA, FL 32502

**DO NOT WRITE  
IN THIS SPACE**

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 and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RUBEN B. TIMMONS, M.D.  
510 CORDAY ST.  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CRAIG C. GARIA, M.D.  
510 CORDAY ST.  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AARON B. STEIN, M.D.  
510 CORDAY ST.  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000286777  
04/04/05-80041-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

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

Date

Daytime Phone #

*[Signature]* 3/30/05 850-969-9804