

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 26, 2008 08:00 A
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



02152008 No Chg-LLC

CR2E083 (12/07)

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] Ruben B. Timmons M.D.

[Signature] 2/21/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

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03/06/08-80037-001-138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

Ruben B. Timmons M.D.

[Signature] 2/21/08 850-484-8800

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

Date

Daytime Phone #