

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049405

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

510 CORDAY ST.
PENSACOLA, FL 32503

New Principal Place of Business:

1549 AIRPORT BOULEVARD
SUITE 420
PENSACOLA, FL 32504

Current Mailing Address:

510 CORDAY ST.
PENSACOLA, FL 32503

New Mailing Address:

P O BOX 30698
PENSACOLA, FL 32503

FEI Number: 56-2419549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: RUBEN B. TIMMONS, M.D.
Address: 510 CORDAY ST.
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: CRAIG C. CARIA, M.D.
Address: 510 CORDAY ST.
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: AARON B. STEIN, M.D.
Address: 510 CORDAY ST.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUBEN B. TIMMONS

MD

04/02/2009

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