

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000049405

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1549 AIRPORT BOULEVARD  
SUITE 420  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 30698  
PENSACOLA, FL 32503

**New Mailing Address:**

1549 AIRPORT BOULEVARD  
SUITE 420  
PENSACOLA, FL 32504

**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:** DANIEL LOZIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**Title:** MGRM  
**Name:** CRAIG C. CARIA, M.D.  
**Address:** 4551 DAVIS HIGHWAY, SUITE A  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** MGRM  
**Name:** AARON B. STEIN, M.D.  
**Address:** 1549 AIRPORT BOULEVARD, SUITE 440  
**City-St-Zip:** PENSACOLA, FL 32504

I hereby 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:** BUFFI BAILEY

**DIRE**

**02/20/2012**

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