


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000028473 1. Entity Name INTEGRATED MEDICAL REHABILITATION OF FLORIDA, L.L.C.	
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Principal Place of Business 3924-9TH AVENUE WEST BRADENTON, FL 34205	Mailing Address 3924-9TH AVENUE WEST BRADENTON, FL 34205
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DO NOT WRITE IN THIS SPACE



07092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2140288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LISCH, DIANE B 3924-9TH AVENUE WEST BRADENTON, FL 34205

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by September 14, 2007
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LISCH, DIANE B 3924-9TH AVENUE WEST BRADENTON, FL 34205
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<p>000000769994 07/23/07-80004-020 50.00</p> 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.
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SIGNATURE: <u><i>Diane B. Lisch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>7-11-07</u> <small>Date</small>	<u>941-209-0464</u> <small>Daytime Phone #</small>
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