

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008259

FILED
May 01, 2006
Secretary of State

Entity Name: ADVANCED INJURY MEDICAL REHAB CENTER, LLC

Current Principal Place of Business:

4770 U.S. 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

226 E. TARPON AVE
TARPON SPRINGS, Q 34689

Current Mailing Address:

4770 U.S. 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

226 E. TARPON AVE
TARPON SPIRNGS, FL 34689

FEI Number: 59-3611180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EMANDI, RICH
4770 U.S. 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

EMANDI, RICH
226 E. TARPON AVE
TARPON SPRINGS, FL 34689 US

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: RICH EMANDI

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EMANDI, RICH
Address: 4770 U.S. HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EMANDI, RICH
Address: 226 E. TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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: RICH EMANDI

MGRM

05/01/2006

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