

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123211

**Entity Name:** INJURY RX LLC

**Current Principal Place of Business:**

1401 NW 136 AVENUE, SUITE 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1401 NW 136 AVENUE, SUITE 400  
SUNRISE, FL 33323 US

**FEI Number:** 27-4091995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATZA, ROCHELLE S  
1401 NW 136 AVENUE, SUITE 400  
SUNRISE, FL 33323 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:** ROCHELLE S. MATZA

03/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AUTOMATED HEALTHCARE  
SOLUTIONS LLC  
Address 1401 NW 136 AVENUE, SUITE 400  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUTOMATED HEALTHCARE SOLUTIONS, LLC

MANAGER

03/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date