

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123211

Entity Name: INJURY RX LLC

Current Principal Place of Business:

2901 SW 149 AVENUE
SUITE 400
MIRAMAR, FL 33027

Current Mailing Address:

2901 SW 149 AVENUE
SUITE 400
MIRAMAR, FL 33027 US

FEI Number: 27-4091995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATZA, ROCHELLE S
2901 SW 149 AVENUE
SUITE 400
MIRAMAR, FL 33027 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AUTOMATED HEALTHCARE
SOLUTIONS LLC
Address 2901 SW 149 AVENUE, SUITE 400
City-State-Zip: MIRAMAR FL 33027

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

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date