

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 11:22

1. DOCUMENT # L01000019478

Name and Mailing Address

0003417 01 FP 0.352 **PRSRT T1 0 0615 33317-283125



PAINEASE COMPREHENSIVE MEDICAL SERVICES, L.L.C.
4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION FL 33317-2831

600008600686
10/25/02-01114-003 **150.00



2. New Main Office City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4100 SOUTH HOSPITAL DRIVE SUITE 100 PLANTATION FL 33317		5. Date Organized or Qualified To Do Business in Florida 11/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent KATS, IGOR 4100 SOUTH HOSPITAL DRIVE SUITE 100 PLANTATION FL 33317		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Felix Slepitsky</u> Date <u>Oct. 21, 2002</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KATS, IGOR	1911 83RD STREET	BROOKLYN NY 11214
MGR	SLEPITSKY, FELIX	1911 83RD STREET	BROOKLYN NY 11214
REINSTATEMENT		10/25/02-01114-003 **155.00 600008600686 10/25/02-01114-003 **155.00	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature]

Date 10.21.2002 Daytime Phone # 954-587-1270

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)