2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# L01000019478

Entity Name: PAINEASE COMPREHENSIVE MEDICAL SERVICES, L.L.C.

Current Principal Place of Business:

4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1155541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATS, IGOR
4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KATS, IGOR
Address: 1911 83RD STREET
City-St-Zip: BROOKLYN, NY 11214

Title: MGR ( ) Delete
Name: SLEPITSKY, FELIX
Address: 1911 83RD STREET
City-St-Zip: BROOKLYN, NY 11214

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FELIX SLEPITSKY MGR 01/28/2004

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