

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019478

FILED  
Aug 23, 2006  
Secretary of State

**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:**

P.O. BOX 17527  
FORT LAUDERDALE, FL 33318

**Current Mailing Address:**

4100 SOUTH HOSPITAL DRIVE  
SUITE 100  
PLANTATION, FL 33317

**New Mailing Address:**

1625 E 13TH STREET  
SUITE 2H  
BROOKLYN, NY 11229

FEI Number: 65-1155541      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:**

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/MANAGERS:**

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: MGR (X) Change ( ) Addition  
Name: KATS, IGOR  
Address: 174 COLONY AVE  
City-St-Zip: STATEN ISLAND, NY 10306

Title: MGR (X) Change ( ) Addition  
Name: SLEPITSKY, FELIX  
Address: 1625 E 13TH STREET  
City-St-Zip: BROOKLYN, NY 11229

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: FELIX SLEPITSKY

MGR

08/23/2006

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