

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019478

FILED
May 13, 2008
Secretary of State

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

Current Principal Place of Business:

174 COLONY AVENUE
STATEN ISLAND, NY 10306

New Principal Place of Business:

1980 S OCEAN DR
SUITE 12C
HALLANDALE, FL 33009 US

Current Mailing Address:

174 COLONY AVENUE
STATEN ISLAND, NY 10306

New Mailing Address:

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:

SLEPITSKY, FELIX
1980 S OCEAN DR SUITE 12C
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

SLEPITSKY, FELIX
1980 S OCEAN DR
SUITE 12C
HALLANDALE BEACH, FL 33009 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:

05/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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 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

05/13/2008

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