

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-06-2003 90131 031 ****50.00

DOCUMENT # L01000019478

1. Entity Name

PAINEASE COMPREHENSIVE MEDICAL SERVICES, L.L.C.



Principal Place of Business

**4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION FL 33317**

Mailing Address

**4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION FL 33317**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KATS, IGOR
1911 83RD STREET
BROOKLYN NY 11214**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SLEPITSKY, FELIX
1911 83RD STREET
BROOKLYN NY 11214**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01.03.03.

Date

954-587-1270

Daytime Phone #

CR2E083 (10/02)



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201

*Attachment 55004002
LOI 000019478*
Employer Identification Number:
65-1155541

Number of this Notice: CP- 136

Form: 941 Tax Period: 0000

For assistance you may call us at:
1-800-829-1040

PAINEASE COMPREHENSIVE MEDICAL
SERVICES LLC
4100 S HOSPITAL DR 100
PLEANTATION FL 33317-2831252

YOUR 2003 FEDERAL TAX DEPOSIT REQUIREMENTS

This letter explains your Form 941 federal tax deposit requirements for 2003. No response is needed, but please review the following information carefully.

Monthly Schedule Depositor - In October, we reviewed the Forms 941 you filed for the quarters ending September 30, 2001, December 31, 2001, March 31, 2002, and June 30, 2002, to determine your deposit requirements for 2003. You are a monthly depositor because your total tax liability for the four quarters was less than \$50,000. This means that when you pay wages for any one month, your deposit is due by the 15th day of the following month.

\$100,000 Next-Day Deposit Rule - If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a calendar month, your deposit is due by the next banking day. After that, you must make your deposits semi-weekly rather than monthly. Semi-weekly means that if you pay wages on Wednesday, Thursday, or Friday, your deposit is due by the following Wednesday. If you pay wages on Saturday, Sunday, Monday, or Tuesday, your deposit is due by the following Friday. If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a semi-weekly period, your deposit is due the next banking day.

\$2,500 Rule - If your total tax liability for any quarter is less than \$2,500, you can pay the amount when you file your Form 941 instead of making deposits. If you're not sure your total tax liability for the quarter will be less than \$2,500, deposit using the monthly rules so you won't be subject to failure to deposit penalties.

It is your responsibility to determine which deposit schedule you should follow. Please contact us if you have problems making your first deposit as a result of your 2003 deposit schedule.

ELECTRONIC DEPOSIT REQUIREMENT

You must make your deposits electronically in 2003 if your total tax deposits during the 2001 calendar year exceeded \$200,000, or if you were required to use the Electronic Federal Tax Payment System (EFTPS) in 2002.

Please call the IRS office nearest you if you have any questions or want information about enrolling in EFTPS.

Helpful Hint: For faster service, try calling us any day except Monday when our call volumes are highest.