FILED
Jun 07, 2004 8:00 am
Secretary of State
04-29-2004 90083 004 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/29/
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34008269

MOORE CR2E083 (11/03)

DOCUMENT # L03000014433

1. Entity Name
PAIN MEDICINE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
8603 SOUTH DIXIE HIGHWAY SUITE 401 MIAMI FL 33143	8603 SOUTH DIXIE HIGHWAY SUITE 401 MIAMI FL 33143

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3766998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE., 28TH FLOOR MIAMI FL 33131	Name: ALBERT RAY, M.D. Street Address (P.O. Box Number is Not Acceptable): 8603 S. DIXIE HIGHWAY # 401 MIAMI, FL City: MIAMI FL Zip Code: 33143

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] DATE 4/27/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partner Albert Ray, MD 8603 S. Dixie Hwy, #401 Miami, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Albert Zbik, Psy.D. 8603 S. Dixie Hwy #401 Miami, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 2/27/04 305-595-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #