


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/29/04
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FILED
Jun 07, 2004 8:00 am
Secretary of State

04-29-2004 90083 004 ****50.00

DOCUMENT # L03000014433
1. Entity Name
PAIN MEDICINE SOLUTIONS, LLC



Principal Place of Business Mailing Address
8603 SOUTH DIXIE HIGHWAY SUITE 401 MIAMI FL 33143
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2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

34008269
MOORE CR2E083 (11/03)
4. FEI Number **04-3766998** Applying For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **ALBERT RAY, M.D.**
Street Address (P.O. Box Number is Not Acceptable) **6003 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 *Albert Ray* DATE **4/29/04**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER ALBERT RAY, MD 8603 S. DIXIE HWY # 401 MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER ALBERT ZBIK, PSY.D. 8603 S. DIXIE HWY # 401 MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Albert Ray* DATE: **2/27/04** 205-5954481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #