

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014433

FILED
Jan 04, 2005
Secretary of State

Entity Name: PAIN MEDICINE SOLUTIONS, LLC

Current Principal Place of Business:

8603 SOUTH DIXIE HIGHWAY
SUITE 401
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8603 SOUTH DIXIE HIGHWAY
SUITE 401
MIAMI, FL 33143

New Mailing Address:

FEI Number: 04-3766998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131 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/MEMBERS:

Title: D () Delete
Name: RAY, ALBERT MD
Address: 8603 S DIXIE HWY., #401
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: ZLOIK, ALBERT PSYD
Address: 8603 S DIXIE HWY., #401
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAY, ALBERT MD
Address: 8603 S DIXIE HWY., #401
City-St-Zip: MIAMI, FL 33143

Title: MGR (X) Change () Addition
Name: ZBIK, ALBERT PSYD
Address: 8603 S DIXIE HWY., #401
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT RAY, MD

MGR

01/04/2005

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