

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014433

FILED  
Jan 16, 2007  
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/MANAGERS:**

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

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

**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 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: ALBERT ZBIK

MGR

01/16/2007

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