


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 017 ***538.75

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



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

50009512



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07212008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
04-3766998 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name **ALBERT L. RAY, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
8603 S. DIXIE HWY
SUITE 401
 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 L. RAY, M.D.** **8/12/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

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Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
 NAME RAY, ALBERT MD
 STREET ADDRESS 8603 S DIXIE HWY., #401
 CITY-ST-ZIP MIAMI, FL 33143

TITLE MGR Delete
 NAME ZBIK, ALBERT PSYD
 STREET ADDRESS 8603 S DIXIE HWY., #401
 CITY-ST-ZIP MIAMI, FL 33143

TITLE Delete
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10. ADDITIONS/CHANGES

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 CITY-ST-ZIP _____

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 L. RAY, M.D.** **8/12/08** **305-595-4681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #