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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARISTA & HERRÁN, P.L.

GABLES INTERNATIONAL PLAZA
2655 SOUTH LE JEUNE ROAD, SUITE 700
CORAL GABLES, FLORIDA 33134
TELEPHONE: (305) 444-7662
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INFO@ARISTALAW.COM

February 25, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Pain Medicine Solutions, LLC
Document/Registration Number: L03000014433
Resignation as a Managing Member of Pain Medicine Solutions, LLC

Dear Division of Corporations:

The enclosed managing member resignation is submitted for filing. A check in the amount of \$55.00 is also enclosed representing the filing fee and certified copy fee. Please return all correspondence concerning this matter to me.

Should you have any questions, please feel free to contact me at (305) 444-7662.

With best regards,



Michelle N. Shupe-Abbas, Esq.

MSA/msa

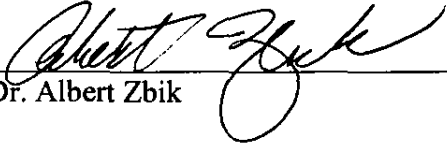
Enclosures

CC: Certified Mail Receipt # 7004 2890 0000 8789 8082
Pain Medicine Solutions, LLC
8603 South Dixie Highway
Suite 401
Miami, Florida 33143

James A. Horland, Esq.
Suite M 500 Citicentre
290 NW 155th Street
Miami, Florida 33169

**RESIGNATION OF MANAGING MEMBER FROM
FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is PAIN MEDICINE SOLUTIONS, LLC.
2. This limited liability company was organized under the laws of the State of Florida.
3. The Florida document/registration number of this limited liability company is L03000014433.
4. I, Albert Zbik, hereby resign as a Managing Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
5. I, Albert Zbik, will continue as a Member of this limited liability company despite my resignation as a Managing Member.



Dr. Albert Zbik

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SECRETARY OF STATE
TALLAHASSEE FLORIDA