

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014433

FILED  
May 15, 2009  
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:**

RAY, ALBERT L  
8603 S. DIXIE HWY  
MIAMI, FL 33143 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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 L. RAY, M.D.

MGR

05/15/2009

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