

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000065798

**FILED**  
**May 05, 2009**  
**Secretary of State**

**Entity Name:** PAIN MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

6751 GALL BLVD.  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

4136 STAFFORDSHIRE DR.  
LAKELAND, FL 33809

**Current Mailing Address:**

6751 GALL BLVD.  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

4136 STAFFORDSHIRE DR.  
LAKELAND, FL 33809

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ELDEEB, MOHAMMAD ABDO  
347 AUDUBON OAKS DRIVE  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

ELDEEB, MOHAMMAD ABDO  
4136 STAFFORDSHIRE DR.  
LAKELAND, FL 33809 US

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: MOHAMMAD ELDEEB

05/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELDEEB, MOHAMMAD A  
Address: 347 AUDUBON OAKS DRIVE  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ELDEEB, MOHAMMAD A  
Address: 4136 STAFFORDSHIRE DR.  
City-St-Zip: LAKELAND, FL 33809

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: MOHAMMAD A. ELDEEB

MD

05/05/2009

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