

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000001788

**FILED**  
**Jul 06, 2009**  
**Secretary of State****Entity Name:** PAINBUSTERS LLC**Current Principal Place of Business:**1101 STANFORD DR.  
M-210  
CORAL GABLES, FL 331462001 US**New Principal Place of Business:**7233 ASHMONT CIR  
TAMARAC, FL 33321 US**Current Mailing Address:**1101 STANFORD DR.  
M-210  
CORAL GABLES, FL 331462001 US**New Mailing Address:**7233 ASHMONT CIR  
TAMARAC, FL 33321 US**FEI Number:** 80-0333200**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TERMAN, PAUL A  
1101 STANFORD DR  
M-210  
CORAL GABLES, FL 331462001 US**Name and Address of New Registered Agent:**PERTNOY, MASON A ESQUIRE  
150 WEST FLAGLER STREET.  
MUSEUM TOWER - SUITE 2000  
MIAMI, FL 33130 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: MASON PERTNOY

07/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** TERMAN, PAUL A  
**Address:** 1101 STANFORD DR M-210  
**City-St-Zip:** CORAL GABLES, FL 331462001 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** TERMAN, PAUL A  
**Address:** 1320 CAMPO SANO DR  
**City-St-Zip:** CORAL GABLES, FL 33146 US

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: PAUL TERMAN

MGRM

07/06/2009

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