

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085160

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** PALM BEACH PAIN AND REJUVENATION LLC

**Current Principal Place of Business:**

6201 N. FEDERAL HWY  
BOCA RATON FLORIDA, 33487

**New Principal Place of Business:**

6201 N. FEDERAL HWY  
BOCA RATON, FL 33487

**Current Mailing Address:**

6201 N. FEDERAL HWY  
BOCA RATON FLORIDA, 33487

**New Mailing Address:**

6201 N. FEDERAL HWY  
BOCA RATON, FL 33487

**FEI Number:** 27-0854746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GERVASIO, PASQUALE  
6201 N. FEDERAL HWY  
BOCA RATON, FL 33487 US

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

PRNJ, LLC  
6201 N. FEDERAL HWY  
BOCA RATON, FL 33487 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: RICHARD MCMILLAN

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRNJ LLC  
Address: 6201 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM  
Name: LARJ LLC  
Address: 500 NE SPANISH RIVER BLVD #8  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: RICHARD MCMILLAN

MGR

04/28/2010

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