

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000088396

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: CAJ PHARMACEUTICALS, LLC.

**Current Principal Place of Business:**

840 111TH AVENUE NORTH  
7  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 111TH AVENUE NORTH  
7  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 27-3333747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WALTER, STEVEN ESQ.  
840 111TH AVENUE NORTH  
7  
NAPLES, FL 34108 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  
Name: PERGOLIZZI, JOSEPH V JR.  
Address: 840 111TH AVENUE NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM  
Name: NEVRX, L.L.C.  
Address: 840 111TH AVENUE NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34108

Title: MGRM  
Name: BERARDI, LOUIS  
Address: 221 LAUREL CREEK BOULEVARD  
City-St-Zip: MOORESTOWN, NJ 08057

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: JOSEPH V. PERGOLIZZI, JR. M.D.      MGRM      04/25/2011

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