

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078775

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** PAIN RESEARCH ENTERPRISES, LLC

**Current Principal Place of Business:**

601 BRICKELL KEY DRIVE  
SUITE 505  
MIAMI, FL 33131 US

**New Principal Place of Business:**

4075 HARDIE AVENUE  
COCONUT GROVE, FL 33133 US

**Current Mailing Address:**

PO BOX 432252  
SOUTH MIAMI, FL 33243 US

**New Mailing Address:**

4075 HARDIE AVENUE  
COCONUT GROVE, FL 33133 US

**FEI Number:** 45-2720602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAICHEK, LAWRENCE A ESQ.  
601 BRICKELL KEY DRIVE  
SUITE 505  
MIAMI, FL 33131 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: MGRM  
Name: LARIVIERE, WILLIAM  
Address: P.O. BOX 432252  
City-St-Zip: SOUTH MIAMI, FL 332432252

Title: MGRM  
Name: LEVITT, ROY  
Address: 4075 HARDIE AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133 US

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: ROY CLIFFORD LEVITT

MGRM

03/25/2012

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