


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
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1997 JAN 27 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT #M95000000369</b>  PAIN RELIEF TECHNOLOGY, LLC C/O BERNARD SHAVITZ 777 AFTON VILLA COURT BOCA RATON FL 33433
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1a. Principal Place of Business Address  C/O BERNARD SHAVITZ 777 AFTON VILLA COURT BOCA RATON FL 33433
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  Suite, Apt. #, etc. <i>Same</i>  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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3. Date Organized or Qualified 12/19/1995	3a. State of Formation DE
4. FEI Number 65-0647147	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 06/19/1996	6. Certificate of Status Desired <input type="checkbox"/> <small>State of Florida Fee Required</small>

7. Name and Address of Current Registered Agent  SHAVITZ, BERNARD 7777 AFTON VILLA C'N. BOCA RATON FL 33433
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8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SHAVITZ, BERNARD	7777 AFTON VILLA COURT	BOCA RATON FL
MGRM	SHAVITZ, HARRIET	7777 AFTON VILIA COURT	BOCA RATON FL

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-01/29/97--01028--022  
\*\*\*\*203.75 \*\*\*\*203.75

*Handwritten:* KSP 1/28/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *Bernard Shavitz* *1/24/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #