

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000294909

**Entity Name:** LASER PAIN RELIEF CENTERS OF AMERICA LLC

**Current Principal Place of Business:**

308 GREENWOOD DR  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

308 GREENWOOD DR  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 84-3949217

**Certificate of Status Desired:** No

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

COREN, BRUCE  
308 GREENWOOD DR  
WEST PALM BEACH, FL 33405 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name COREN, BRUCE  
Address 308 GREENWOOD DR  
City-State-Zip: WEST PALM BEACH FL 33405

Title AMBR  
Name COSTELLO, JOSEPH  
Address 308 GREENWOOD DR  
City-State-Zip: WEST PALM BEACH FL 33405

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE R. COREN

**CEO**

**03/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date