

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 17, 2004
Secretary of State**

DOCUMENT# L01000012640

Entity Name: PALM DOCTOR, LLC

Current Principal Place of Business:

1594 NW 179TH AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1594 NW 179TH AVE.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1136282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOBAY, BRAD P
1594 NW 179 AVE
PEMBROKE PINES, FL 33029 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/MEMBERS:

Title: MGRM () Delete
Name: NAWRICKI, PAUL T
Address: 1594 NW 179TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: SCOBAY, BRAD P
Address: 1594 NW 179TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: PAUL T. NAWROCKI

MGRM

01/17/2004

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