


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90083 005 ****50.00

DOCUMENT # L01000012640					
1. Entity Name PALM DOCTOR, LLC					
Principal Place of Business 1594 NW 179TH AVE. PEMBROKE PINES, FL 33029		Mailing Address 1594 NW 179TH AVE. PEMBROKE PINES, FL 33029			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 65-1136282	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOBEY, BRAD P 1594 NW 179 AVE PEMBROKE PINES, FL 33029			Name <u>PAUL T. NAWRICKI</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1594 NW 179 AVE</u>		
			City <u>PEMBROKE PINES</u> FL Zip Code <u>33029</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Paul Nawrocki</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAWRICKI, PAUL T 1594 NW 179TH AVE. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.					
SIGNATURE: <u><i>Paul Nawrocki</i></u>			Date <u>01.28.07</u> (954) 249-5287		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		