

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012640

Entity Name: PALM DOCTOR, LLC

FILED
Apr 06, 2008
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

NAWROCKI, PAUL T
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/MANAGERS:

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

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGR

04/06/2008

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