

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90083 027 \*\*\*\*50.00

**DOCUMENT # L01000012640**



1. Entity Name  
**PALM DOCTOR, LLC**

60010764

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: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1136282** Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCOBAY, BRAD P  
1594 NW 179 AVE  
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NAWRICKI, PAUL T 1594 NW 179TH AVE. PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCOBAY, BRAD P 1594 NW 179TH AVE. PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I 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 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: SIGNATURE REQUIRED *Paul T. Nawrocki* Date: *1/8/03* Daytime Phone #: *954-249-5887*

CR2E083 (10/02)