

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

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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**

60010764



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1136282**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOBAY, BRAD P
1594 NW 179 AVE
PEMBROKE PINES FL 33029**

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

10. ADDITIONS/CHANGES

TITLE NAME **MGRM NAWRICKI, PAUL T** Delete
STREET ADDRESS **1594 NW 179TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **MGRM SCOBAY, BRAD P** Delete
STREET ADDRESS **1594 NW 179TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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 Nawrocki* Date 1/8/03 Daytime Phone # 954-249-5887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)