

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035687

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** BOO BOO DOCTORS, LLC

**Current Principal Place of Business:**

9801 COLLINS AVE  
L-1  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9801 COLLINS AVE  
L-1  
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number:** 20-2664786      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND ST, STE 2800  
MIAMI, FL 331311714 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: MGR      ( ) Delete  
Name: RUBINSTEIN, ADAM M.D.  
Address: 9601 COLLINS AVE SUITE L-1  
City-St-Zip: BAL HARBOR, FL 33154

Title: MGR      ( ) Delete  
Name: SALZHAUER, MICHAEL A M.D.  
Address: 9601 COLLINS AVE SUITE L-1  
City-St-Zip: BAL HARBOR, FL 33154

**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 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: MICHAEL SALZHAUER      DR.      03/25/2008

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