

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094387

**Entity Name:** DOCTOR'S DESIGN, LLC

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **FEI Number Not Applicable ( )**  **Certificate of Status Desired ( )**

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

MORRIS, STUART R ESQ.  
7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 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:  Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO  Change  Addition  
Name: STELNICKI, ERIC J MD  
Address: 1150 N 35TH AVE SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

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: ERIC STELNICKI

CEO

04/29/2006

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