

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094387

Entity Name: DOCTOR'S DESIGN, LLC

FILED
Jun 25, 2007
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1150 N. 35TH AVE.
SUITE 490
HOLLYWOOD, FL 33021 US

New Mailing Address:

1150 N. 35TH AVE
SUITE 490
HOLLYWOOD, FL 33021 US

FEI Number: 20-3660434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: CEO () Delete
Name: STELNICKI, ERIC J MD
Address: 1150 N 35TH AVE SUITE 490
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CARTER, PHILLIP
Address: 2409 BAYVIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33305

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: PHILLIP CARTER

MGRM

06/25/2007

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