

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094387

Entity Name: DOCTOR'S DESIGN, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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 ()

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARTER, PHILLIP
Address: 1921 MIDDLEFIELD ROAD
City-St-Zip: PALO ALTO, CA 94301

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: PHILLIP C. CARTER

MGRM

04/30/2008

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