


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062335

1. Entity Name
OPTIMAL HEALTH, LLC



Principal Place of Business 2739 ENTERPRISE ROAD EAST # 5 CLEARWATER, FL 33759	Mailing Address 2739 ENTERPRISE ROAD EAST # 5 CLEARWATER, FL 33759
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3797620	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LALUMIERE, BRIANNA
2739 ENTERPRISE ROAD EAST
5
CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LALUMIERE, BRIANNA 2739 ENTERPRISE ROAD EAST #5 CLEARWATER, FL 33759
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01/18/06-80031-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: Brianna Lalumiere 1-6-06 727-641-3957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #