

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062335

Entity Name: OPTIMAL HEALTH, LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

2739 ENTERPRISE ROAD EAST
5
CLEARWATER, FL 33759

New Principal Place of Business:

2635 BIG PINE DRIVE
HOLIDAY, FL 34691

Current Mailing Address:

2739 ENTERPRISE ROAD EAST
5
CLEARWATER, FL 33759

New Mailing Address:

2635 BIG PINE DRIVE
HOLIDAY, FL 34691

FEI Number: 04-3797620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LALUMIERE, BRIANNA
2635 BIG PINE DRIVE
HOLIDAY, FL 34691 US

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: BRIANNA LALUMIERE

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LALUMIERE, BRIANNA
Address: 2739 ENTERPRISE ROAD EAST #5
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LALUMIERE, BRIANNA
Address: 2635 BIG PINE DRIVE
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIANNA LALUMIERE

OWNE

01/24/2007

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