

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 28, 2008  
Secretary of State**

DOCUMENT# L04000062335

Entity Name: OPTIMAL HEALTH, LLC

**Current Principal Place of Business:**

2635 BIG PINE DRIVE  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2635 BIG PINE DRIVE  
HOLIDAY, FL 34691

**New Mailing Address:**

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

**ADDITIONS/CHANGES:**

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: BRIANNA LALUMIERE      MGR      02/28/2008

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