2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L08000060566

Entity Name: OPTIMA HEALTHCARE CONSULTING, LLC

Current Principal Place of Business:

1925 DOLPHIN DRIVE
BELLAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

1925 DOLPHIN DRIVE
BELLAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARKE, PHILIP K
1505 N. FLORIDA AVENUE
TAMPA, FL 33601 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: FERRARE, RANDI
Address: 1925 DOLPHIN DRIVE
City-St-Zip: BELLAIR BLUFFS, FL 33770 US

Title: MGR ( ) Delete
Name: BOWMAN, STEVEN
Address: 1925 DOLPHIN DRIVE
City-St-Zip: BELLAIR BLUFFS, FL 33770 US

ADDITIONS/CHANGES:

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

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: STEVEN BOWMAN MGR 03/31/2009

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