## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009386

Entity Name: OPTIMAL HEALTH REJUVENATION CENTER, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 N. OCEAN DRIVE HOLLYWOOD, FL 33019 US

Current Mailing Address: New Mailing Address:

201 N. OCEAN DRIVE HOLLYWOOD, FL 33019 US

FEI Number: 20-4229763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SARDUY, GINA

12380 SW 193RD STREET

MIAMI, FL 33177 US

SANCHEZ MEDINA, RONALD J
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: ROLAND SANCHEZ MEDINA JR. 04/30/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM MGRM () Delete (X) Change ( ) Addition MURCIA, NANCY MURCIA, NANCY Name: Name: Address: 201 N. OCEAN DRIVE Address: 4512 TAYLOR STREET City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: MURCIA, MARIA Name: MURCIA, MARIA Address: 201 N. OCEAN DRIVE Address: 433 LESLIE DRIVE City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: HALLANDALE BEACH, FL 33009 US

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: NANCY MURCIA MGM 04/30/2009