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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Entity Name OPTIMAL HEALTH PARTNERS, LLC																																																																						
Principal Place of Business 2480 EAST COMMERCIAL BLVD, STE 2 FT LAUDERDALE, FL 33308		Mailing Address 2480 EAST COMMERCIAL BLVD, STE 2 FT LAUDERDALE, FL 33308																																																																				
2. Principal Place of Business 1609 NE 27th Drive Suite, Apt. #, etc.		3. Mailing Address 1609 NE 27th Drive Suite, Apt. #, etc.																																																																				
City & State Wilton Manors, FL Zip 33334 Country USA		City & State Wilton Manors FL Zip 33334 Country USA																																																																				
4. FEI Number 200188964		Applied For <input type="checkbox"/> Not Applicable																																																																				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																						
6. Name and Address of Current Registered Agent KAPLAN, HAROLD E 1516 UNIVERSITY DR, STE 214 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name James A. Cennamo Street Address (P.O. Box Number is Not Acceptable) 1609 NE 27th Drive City Wilton Manors FL Zip 33334																																																																				
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 <u><i>James A. Cennamo</i></u> DATE 2/27/04 <small>Signature, typed or printed name of registered agent and if not applicable, (NOTE: Registered Agent signature is required when reappointing)</small>																																																																						
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																				
<table border="1"><thead><tr><th colspan="2">9. MANAGING MEMBERS/MANAGERS</th><th colspan="2">10. ADDITIONS/CHANGES</th></tr></thead><tbody><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td>CITY- ST- ZIP</td><td></td></tr></tbody></table>			9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 906, Florida Statutes. SIGNATURE: <u><i>James A. Cennamo</i></u> DATE 2/27/04 (954) 649-1495 <small>SIGNATURE AND TYPE OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																						

Attachment
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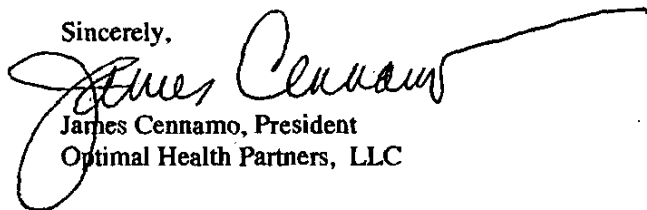
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Optimal Health Partners, LLC

Reference Number: L03000029877

I am returning the correspondence I received from you regarding my annual report. Please review all correspondence attached in this mailing and also what is in your file regarding my corporation and see that the full \$50.00 fee has been paid in two payments of \$43.75 and \$6.25. I discussed this matter with Lee Rivers by phone and I am following his instructions in returning this to the above P.O. Box. I can be reached at 954-649-1495 with any questions. Thank you.

Sincerely,



James Cennamo, President
Optimal Health Partners, LLC

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Attachment
L03000029877
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February 27, 2004
1609 NE 27th Drive
Wilton Manors, FL 33334

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

On January 19, 2004 I filed an Articles of Dissolution form with you for the dissolution of my corporation, Optimal Health Partners, LLC. Later I received correspondence from you stating I did not complete the necessary paperwork for that dissolution to be filed. I am now requesting that the original filing be abandoned all together as I intend to keep Optimal Health Partners, LLC active. I am enclosing my annual report along with this letter. Also I had originally sent a check for \$43.75. I am enclosing a check now for \$6.25 to make up the difference of the \$50.00 needed to file this report. Thank you.

Sincerely,


James Cennamo
President
Optimal Health Partners, LLC

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