2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L03000029877

Entity Name: OPTIMAL HEALTH PARTNERS, LLC

Current Principal Place of Business:

1609 NE 27TH DRIVE
WILTON MANORS, FL 33334

New Principal Place of Business:

2708 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

Current Mailing Address:

1609 NE 27TH DRIVE
WILTON MANORS, FL 33334

New Mailing Address:

2708 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

FEI Number: 20-0188964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENNAMO, JAMES A
1609 NE 27TH DRIVE
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

CENNAMO, JAMES A
2708 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306 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: JAMES A CENNAMO 01/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CENNAMO, JAMES A
Address: 1609 NE 27TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CENNAMO, JAMES A
Address: 2708 EAST OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES A CENNAMO DR 01/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date