2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004034

Entity Name: OASIS FOR OPTIMAL HEALTH, LLC

FILED Apr 03, 2007 Secretary of State

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

5900 TURKEY LAKE ROAD SUITE B 5979 VINELAND RD ORLANDO, FL 32819

111

ORLANDO, FL 32819 US

Current Mailing Address: New Mailing Address:

5900 TURKEY LAKE ROAD SUITE B 5979 VINELAND RD

ORLANDO, FL 32819

ORLANDO, FL 32819 US

FEI Number: 20-1735242 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:

HARRY, EUDENE K HARRY, EUDENE K 5900 TÚRKEY LAKE ROAD, SUITE B 5979 VINELAND RD

ORLANDO, FL 32819 ORLANDO, FL 32819 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: EUDENE HARRY 04/03/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

HARRY, EUDENE K HARRY, EUDENE K Name: Name: Address: 5900 TURKEY LAKE ROAD SUITE B Address: 5979 VINELAND RD, SUITE 111

City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: EUDENE HARRY 04/03/2007