

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111182

Entity Name: OPTIMUM CARE 360, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2129 TARPON LAKE WAY
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2129 TARPON LAKE WAY
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-3800728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODRE, JOSE G
2129 TARPON LAKE WAY
WEST PALM BEACH, FL FL 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: MGRM () Delete
Name: BODRE, JOSE G
Address: 2129 TARPON LAKE WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SECR () Delete
Name: SCHINDELER, LINDA
Address: 147 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: BODRE, JOSE G
Address: 2129 TARPON LAKE WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

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

Title: V () Change (X) Addition
Name: BODRE, JOSHUA
Address: 2129 TARPON LAKE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: JOSE G. BODRE

CEO

04/30/2008

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