2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000009386

Entity Name: OPTIMAL HEALTH REJUVENATION CENTER, LLC

Current Principal Place of Business:

201 N. OCEAN DRIVE
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

201 N. OCEAN DRIVE
HOLLYWOOD, FL 33019 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SARDUY, GINA
12380 SW 193RD STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: MURCIA, NANCY
Address: 201 N. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGRM ( ) Delete
Name: MURCIA, MARIA
Address: 201 N. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MURCIA, NANCY
Address: 4512 TAYLOR STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM (X) Change ( ) Addition
Name: MURCIA, MARIA
Address: 433 LESLIE DRIVE
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
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date