

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022032

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** OPTIMAL HEALTH OF FLORIDA, LLC

**Current Principal Place of Business:**

116 PARSONS PARK DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

116 PARSONS PARK DR.  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 20-4475097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBBINS, R. JAMES JR  
101 EAST KENNEDY BOULEVARD, SUITE 3700  
TAMPA, FL 33602 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: MGR  
Name: ARMAS, IGNACIO  
Address: 116 PARSONS PARK RD  
City-St-Zip: BRANDON, FL 33511

Title: MGR  
Name: ARMAS, CHRISTOPHER S  
Address: 116 PARSONS PARK RD  
City-St-Zip: BRANDON, FL 33511

I hereby 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: CHRISTOPHER S. ARMAS

MGR

01/18/2012

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