

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025194

FILED
Apr 28, 2008
Secretary of State

Entity Name: DR. MASLEY'S OPTIMAL HEALTH CENTER, P.L.C.

Current Principal Place of Business:

900 CARILLON PARKWAY, STE 300
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

900 CARILLON PARKWAY, STE 300
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-8585333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET, STE. 102
CLEARWATER, FL 33756 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: MASLEY, STEPHEN MD
Address: 1016 39TH AVENUE NORTH, 6679
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASLEY, STEVEN MD
Address: 1016 39TH AVENUE NORTH, 6679
City-St-Zip: ST PETERSBURG, FL 33703

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: STEVEN C MASLEY, MD

MGRM

04/28/2008

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