2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L07000025194

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:

900 CARILLON PARKWAY
SUITE 300
ST PETERSBURG, FL 33716

Current Mailing Address:

900 CARILLON PARKWAY, STE 300
ST PETERSBURG, FL 33716

New Mailing Address:

900 CARILLON PARKWAY
SUITE 300
ST PETERSBURG, FL 33716

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, STEVEN MD
Address: 1016 39TH AVENUE NORTH, 6679
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES:

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

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: STEVE C MASLEY MD MGRM 04/24/2009

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