

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025194

FILED
Jan 10, 2012
Secretary of State

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

Current Principal Place of Business:

900 CARILLON PARKWAY
SUITE 300
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

900 CARILLON PARKWAY
SUITE 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
Name: MASLEY, STEVEN MD
Address: 1016 39TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33703

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: NICOLE MASLEY

DOO

01/10/2012

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