FILED
May 14, 2008 8:00 am
Secretary of State

04-14-2008 90228 002 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000065480

1. Entity Name
OPTIMUM HEALTH MASSAGE ASSOCIATES, LLC

30006288

Principal Place of Business	Mailing Address
~~2625 KEYSTONE RD.~~	303 BAY ARBOR BLVD
~~A2~~	OLDSMAR, FL 34677
~~TARPON SPRINGS, FL 34688~~	

01262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
942 Woodgate Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Harbor FL		City & State	
Zip: 34685	Country: USA	Zip	Country

4. FEI Number: 75-3245 685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GORECKI, CHRISTINE M
303 BAY ARBOR BLVD
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C Gorecki 4/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GORECKI, CHRISTINE M		NAME		
STREET ADDRESS	303 BAY ARBOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34877		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: C Gorecki Christine Gorecki 4/11/08 727-937-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #