# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 17, 2009**
**Secretary of State**

DOCUMENT# L07000065480

**Entity Name:** OPTIMUM HEALTH MASSAGE ASSOCIATES, LLC

**Current Principal Place of Business:**

942 WOODGATE DRIVE
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

303 BAY ARBOR BLVD
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number: 75-3245685** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

GORECKI, CHRISTINE M
303 BAY ARBOR BLVD
OLDSMAR, FL 34677 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 ( ) Delete
Name: GORECKI, CHRISTINE M
Address: 303 BAY ARBOR BLVD
City-St-Zip: OLDSMAR, FL 34677

**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: CHRISTINE GORECKI MGR 06/17/2009

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