2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# L07000079977

Entity Name: OPTIMAL REIMBURSEMENT STRATEGIES, LLC

Current Principal Place of Business:

28870 US HWY. 19 N
SUITE 361
CLEARWATER, FL 33761 PI

New Principal Place of Business:

28870 US HWY. 19 N
SUITE 361
CLEARWATER, FL 33761 US

Current Mailing Address:

28870 US HWY. 19 N
SUITE 361
CLEARWATER, FL 33761 PI

New Mailing Address:

28870 US HWY. 19 N
SUITE 361
CLEARWATER, FL 33761 US

FEI Number: 30-0404155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ENGER, MICHELLE
3059 PEPPERWOOD LANE W
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

ENGER, MICHELLE
3327 WIND CHIME DRIVE W.
CLEARWATER, FL 33761 US

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: MICHELLE ENGER 08/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ENGER, MICHELLE
Address: 3059 PEPPERWOOD LANE W
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ENGER, MICHELLE
Address: 3327 WIND CHIME DRIVE W.
City-St-Zip: CLEARWATER, FL 33761 US

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: MICHELLE ENGER CEO 08/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date