

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019782

Entity Name: OPTIMAL THERAPY 4 U, LLC

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

2109 W US HWY 90
SUITE 170
LAKE CITY, FL 32055

New Principal Place of Business:

295 COMMONS LOOP
SUITE 231-115
LAKE CITY, FL 32055

Current Mailing Address:

2109 W US HWY 90
SUITE 170
LAKE CITY, FL 32055

New Mailing Address:

295 COMMONS LOOP
SUITE 231-115
LAKE CITY, FL 32055

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CATHI N
2109 W US HWY 90
SUITE, 170
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

BROWN, CATHI N
295 COMMONS LOOP
SUITE 115-231
LAKE CITY, FL 32055 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:

01/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, CATHI N
Address: 2109 W US HWY 90, SUITE 170
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROWN, CATHI N
Address: 295 COMMONS LOOP, STE 115
City-St-Zip: LAKE CITY, FL 32055

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: CATHI BROWN

MGR

01/11/2009

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