# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 21, 2010**
**Secretary of State**

DOCUMENT# L08000019782

**Entity Name:** OPTIMAL THERAPY 4 U, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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
295 COMMONS LOOP
SUITE 115-231
LAKE CITY, FL 32055 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
Name: BROWN, CATHI N
Address: 295 COMMONS LOOP, STE 115
City-St-Zip: LAKE CITY, FL 32055

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 Statues.

SIGNATURE: CATHI N BROWN MGR 01/21/2010

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