

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019782

FILED
Apr 04, 2011
Secretary of State

Entity Name: OPTIMAL THERAPY 4 U, LLC

Current Principal Place of Business:

883 S.W. CUMORAH HILL ST.
FORT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

883 S.W. CUMORAH HILL ST.
FORT WHITE, FL 32038

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:

BROWN, CATHI N
883 SW CUMORAH HILL STREET
FORT WHITE, FL 32038 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: CATHI N BROWN

04/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BROWN, CATHI N
Address: 883 SW CUMORAH HILL STREET
City-St-Zip: FORT WHITE, FL 32038

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 Statutes.

SIGNATURE: CATHI N BROWN

MGR

04/04/2011

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