2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

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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
883 SW CUMORAH HILL STREET
FORT WHITE, FL 32038 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: 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 Statues.

SIGNATURE: CATHI N BROWN MGR 03/20/2012

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