

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050145

Entity Name: OPTIMAL HEALTH MD, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

201 NORTH OCEAN DR.
HOLLYWOOD, FL 33019

Current Mailing Address:

201 NORTH OCEAN DR.
HOLLYWOOD, FL 33019

New Principal Place of Business:

1250 EAST HALLANDALE BEACH BLVD
STE 505
HALLANDALE BEACH, FL 33009

New Mailing Address:

1250 EAST HALLANDALE BEACH BLVD
STE 505
HALLANDALE BEACH, FL 33009

FEI Number: 26-2664681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR
SANCHEZ-MEDINA & ASSOCIATES, P.A.
2333 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES, FL 33134 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FERNANDO, MURCIA
Address: 1109 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33019

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: FERNANDO MURCIA

MGM

04/30/2009

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