

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015761

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** OPTIMAL WELLNESS & LONGEVITY INSTITUTE, LLC

**Current Principal Place of Business:**

440 STATE ROAD 7  
SUITE 103  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 STATE ROAD 7  
SUITE 103  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 26-4286420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, RICHARD T  
901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

MARRONEY, DEIRDRE E  
901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401 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: DEIRDRE E. MARRONEY

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** MONTIJO, HARVEY M.D.

**Address:** 440 STATE ROAD 7, SUITE 103

**City-St-Zip:** ROYAL PALM BEACH, FL 33411 US

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: HARVEY MONTIJO, MD

MGRM

04/23/2012

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