

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103352

Entity Name: OPTIMAL BIOLOGICS LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1401 FORUM WAY  
SUITE 800  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1401 FORUM WAY  
SUITE 800  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 27-1192210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALCEDO, JAIRO DR  
1401 FORUM WAY  
SUITE 800  
WEST PALM BEACH, FL 33401 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: MGRM  
Name: SALCEDO, JAIRO DR  
Address: 1401 FORUM WAY SUITE 800  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM  
Name: NEVINS, MARC DR.  
Address: 11 PRINCETON ROAD  
City-St-Zip: CHESTNUT HILL, MA 02467

Title: MGRM  
Name: NEVINS, MYRON DR  
Address: 199770 SAWGRASS LANE #4103  
City-St-Zip: BOCA RATON, FL 33434

Title: MRGM  
Name: FIORELLINI, JOSEPH MD  
Address: 431 NORTH LATCHES LANE  
City-St-Zip: MERION STATION, PA 19066

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: JAIRO SALCEDO

DR

01/09/2012

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