2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L09000121518

Entity Name: OPTIMUM HEALTH HOMECARE, LLC

Current Principal Place of Business:

13589 ASHFORD WOOD CT,, W.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2586
JACKSONVILLE,, FL 32218

New Mailing Address:

P. O. BOX 43092
JACKSONVILLE,, FL 32203

FEI Number: 27-1794164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IKEOKWU, BIBIAN
13589 ASHFORD WOOD, CT, W.
JACKSONVILLE, FL 32218 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: IKEOKWU, BIBIAN I
Address: 13589 ASHFORD WOOD CT., W.
City-St-Zip: JACKSONVILLE, FL 32218 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 Statues.

SIGNATURE: BIBIAN IKEOKWU MGR 04/29/2011

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