

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023029

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** OPTIMAL HEALTH & WELLNESS CENTER, LLC

**Current Principal Place of Business:**

2310 SE 2ND ST 5  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

2512 N FEDERAL HIGHWAY  
105  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

2310 SE 2ND ST 5  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

2512 N FEDERAL HIGHWAY  
105  
DELRAY BEACH, FL 33483 US

**FEI Number:** 27-2110003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGAUGHEY, DENA  
2512 N FEDERAL HIGHWAY #105  
DELRAY BEACH, FL 33483 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: MCGAUGHEY, DENA  
Address: 234 SW 28TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445 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: DENA MCGAUGHEY

OWNE

04/20/2011

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