

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106275

FILED
Apr 20, 2011
Secretary of State

Entity Name: OPTIMAL HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

2648 SE 9 ST
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

2648 SE 9 ST
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 30-0652806 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEL VAL, JACQUELINE
2648 SE 9 ST
POMPANO BEACH, FL 33062 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: DEL VAL, JACQUELINE
Address: 2648 SE 9 ST
City-St-Zip: POMPANO BEACH, FL 33062 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: JACQUELINE DEL VAL MGMR 04/20/2011

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