



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000007709</b> 1. Entity Name <b>OPTIMUM HEALTH AND WELL-BEING, INC.</b>	
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Principal Place of Business <b>2998 EDISON AVE. JACKSONVILLE, FL 32254</b>	Mailing Address <b>2998 EDISON AVE. JACKSONVILLE, FL 32254</b>
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**DO NOT WRITE IN THIS SPACE**



03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3754953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPLAN, HOWARD A  
6260 DUPONT STATION COURT  
SUITE C  
JACKSONVILLE, FL 32217**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000927547</b> <b>05/20/08-80111-014 61.25</b>
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10. OFFICERS AND DIRECTORS.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMINGS, ANTOINETTE B 2998 EDISON AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, VALVETA 2998 EDISON AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, WILLIEMAE H 2998 EDISON AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, GEORGE D.D 2998 EDISON AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Valveta L. Turner* *Valveta L. Turner* *4/25/08* *904* *355-2867*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/25/08* Daytime Phone # *904 355-2867*