2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2010
Secretary of State

DOCUMENT# N01000007709

Entity Name: OPTIMUM HEALTH AND WELL-BEING, INC.

Current Principal Place of Business:

2998 EDISON AVE.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2998 EDISON AVE.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3754953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD
Name: CUMMINGS, ANTOINETTE B
Address: 2998 EDISON AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: PD
Name: TURNER, VALVETA
Address: 2998 EDISON AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD
Name: YOUNG, WILLIEMAE H
Address: 2998 EDISON AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: S
Name: TURNER, GEORGE D.D
Address: 2998 EDISON AVE.
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VALVETA L TURNER DR 04/02/2010
Electronic Signature of Signing Officer or Director Date