

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040950

FILED  
Jul 07, 2007  
Secretary of State

Entity Name: OPTIMAL HEALTH INSTITUTE, INC.

## Current Principal Place of Business:

1951 NE 2ND AVENUE, #106  
WILTON MANORS, FL 33305

## New Principal Place of Business:

1801 NW 36TH COURT  
OAKLAND PARK, FL 33309

## Current Mailing Address:

1951 NE 2ND AVENUE, #106  
WILTON MANORS, FL 33305

## New Mailing Address:

1801 NW 36TH COURT  
OAKLAND PARK, FL 33309

FEI Number: 20-4607543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRANTALIS, DEAN J ESQ.  
2255 WILTON DRIVE  
WILTON MANORS, FL 33305 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOUFFARD, JOHN G  
Address: 1951 NE 2ND AVENUE, #106  
City-St-Zip: WILTON MANORS, FL 33305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BOUFFARD, JOHN G  
Address: 1801 NW 36TH COURT  
City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G BOUFFARD

D

07/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date