

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000147882

Entity Name: OPTIMUM HEALTH PHARMACY LLC

Current Principal Place of Business:

2920 LITHIA PINECREST RD
VALRICO, FL 33596

Current Mailing Address:

2920 LITHIA PINECREST RD
VALRICO, FL 33596 US

FEI Number: 46-4299145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRASCH, JOHN
5794 VAN CAMP STREET
NORTH POINT, FL 34291 US

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

Authorized Person(s) Detail :

Title AMBR
Name OPTIMUM HEALTH HOLDINGS LLC
Address 2920 LITHIA PINECREST RD
City-State-Zip: VALRICO FL 33596

Title MGR
Name BRASCH, JOHN
Address 5794 VAN CAMP STREET
City-State-Zip: NORTH POINT FL 34291

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BRASCH

MGR

07/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date