

2015 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: Yes

Name and Address of Current Registered Agent:

THEKKUMKATTIL, JAVIT
2920 LITHIA PINECREST RD
VALRICO, FL 33596 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 MGR
Name JOSEPH, BINOY
Address 2920 LITHIA PINECREST RD
City-State-Zip: VALRICO FL 33596

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: BINOY JOSEPH

MANAGER

01/20/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date