

**2017 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: JAMES M MURRAY**

**CPA**

**04/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date