

8/7/2018

Division of Corporations  
**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

P04000099338

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000230364 3)))



H180002303643ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
 18 AUG -8 AM 7:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
 OPTIMUM HEALTHCARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2018 AUG -8 A 10 07  
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 09 2018

T. LEMMEY

*Handwritten signature*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: OPTIMUM HEALTHCARE, INC.
- 2. The principal office address: 120 Monument Circle Indianapolis, IN 46204
- 3. The mailing address (if different): 5600 MARINER ST. SUITE 200 TAMPA, FL 33609
- 4. Date of incorporation/qualification: 02/27/2004 Document number: P04000099338
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PATEL, BIJAL T, ESQ  
5600 MARINER ST SUITE 227  
TAMPA, FL 33609

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable

2018 AUG - 8 A 10 57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

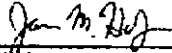
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
Signature of an officer or director

Kathleen S. Kiefer, Secretary  
 \_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: CT Corporation System   
 \_\_\_\_\_  
Signature of Registered Agent

08/03/18  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:  
James Halpin, Assistant Secretary  
 \_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E045 (03/12)