

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52786

Entity Name: OPTIMUS HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

1400 OLD COUNTRY ROAD
SUITE 306
WESTBURY, NY 11590-5119

Current Mailing Address:

1400 OLD COUNTRY ROAD
SUITE 306
WESTBURY, NY 11590-5119 US

FEI Number: 65-0181535

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

A.R.S. AND ASSOCIATES, INC.
20810 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180 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: A.R.S AND ASSOCIATES, INC.

02/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MURPHY, JAMES F
Address 1400 OLD COUNTRY ROAD
SUITE 306
City-State-Zip: WESTBURY NY 11590-5119

Title INTERIM CHIEF EXECUTIVE OFFICER
AND GENERAL COUNSEL
Name SAFFRON, CLIFFORD
Address 1400 OLD COUNTRY ROAD
SUITE 306
City-State-Zip: WESTBURY NY 11590

Title CFO
Name O'NEILL, THOMAS
Address 1400 OLD COUNTRY ROAD
SUITE 306
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name CARLSON , TERESA
Address 1400 OLD COUNTRY ROAD
SUITE 306
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name AVILA, DR. ELI
Address 1400 OLD COUNTRY ROAD
SUITE 306
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name MICHALOS, DR. PETER
Address 1400 OLD COUNTRY ROAD
SUITE 306
City-State-Zip: WESTBURY NY 11590-5119

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 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 all other like empowered.

SIGNATURE: CLIFFORD SAFFRON

INTERIM CHIEF
EXECUTIVE OFFICER
AND GENERAL COUNSEL

02/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

