

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L52786

**Entity Name:** OPTIMUS HEALTHCARE SERVICES, INC.

**FILED**  
**Apr 07, 2022**  
**Secretary of State**  
**1546067448CC**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, CEO  
Name WIENER, MARC  
Address 1400 OLD COUNTRY ROAD  
SUITE 306  
City-State-Zip: WESTBURY NY 11590-5119

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

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

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

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

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

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

Title PRESIDENT  
Name COHEN, DANIEL  
Address 1400 OLD COUNTRY ROAD  
SUITE 306  
City-State-Zip: WESTBURY NY 11576

**Continues on page 2**

*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

**CFO**

**04/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title GC CFO  
Name SAFFRON, CLIFFORD  
Address 1400 OLD COUNTRY ROAD  
SUITE 306  
City-State-Zip: WESTBURY NY 11590