

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099338

Entity Name: OPTIMUM HEALTHCARE, INC.

Current Principal Place of Business:

5411 SKYCENTER DRIVE
TAMPA, FL 33607

Current Mailing Address:

5411 SKYCENTER DRIVE
TAMPA, FL 33607 US

FEI Number: 20-1336412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 ASSISTANT TREASURER
Name NOBLE, ERIC KENNETH
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title AUTHORITY TO SIGN
Name CARUSO, DAVID
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title AUTHORITY TO SIGN
Name GOLUCH, ADRIAN
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title AUTHORITY TO SIGN
Name HACEK, KEN
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title AUTHORITY TO SIGN
Name MOLINA, MICHELLE
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title AUTHORITY TO SIGN
Name MYERS, LISA
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name NEWMAN, ELENA PAUL
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title CEO
Name NEWMAN, ELENA PAUL
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

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: KATHLEEN SUSAN KIEFER

SECRETARY

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEWMAN, ELENA PAUL
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title VALUATION ACTUARY
Name ELLIS, CLAUDIA
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name KIEFER, KATHLEEN SUSAN
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title TREASURER
Name SCHER, VINCENT EDWARD
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title CHIEF MEDICAL DIRECTOR
Name STERN, MARK SAM
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name DEWANE, JENNIFER ANN
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PENCZEK, RONALD WILLIAM
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title VP
Name KIEFER, KATHLEEN SUSAN
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name TURANO, MICHELLE GIOVANNI
Address 5411 SKYCENTER DRIVE
City-State-Zip: TAMPA FL 33607