

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000099338

Entity Name: OPTIMUM HEALTHCARE, INC.

Current Principal Place of Business:

120 MONUMENT CIR
INDIANAPOLIS, IN 46204

Current Mailing Address:

5600 MARINER ST STE 227
TAMPA, FL 33609 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 DIRECTOR, CHAIRMAN, PRESIDENT
Name OROZCO, TOMAS I.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name WAGNER, JAY H.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name YOUNG, JACK L.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name LORANCE, SARAH
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, CEO, CFO
Name DESAI, JIGAR J.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title CHIEF MEDICAL OFFICER
Name HODGIN, ACE M.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT E.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title VP, SECRETARY
Name KIEFER, KATHLEEN S.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

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 S. KIEFER

SECRETARY

08/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PATEL, BIJAL
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204