

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099338

Entity Name: OPTIMUM HEALTHCARE, INC.

Current Principal Place of Business:

5403 CHURCH AVENUE NORTH
TAMPA, FL 33614

Current Mailing Address:

5403 CHURCH AVENUE NORTH
TAMPA, FL 33614 US

FEI Number: 20-1336412

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PATEL, BIJAL TESQ
5403 CHURCH AVENUE NORTH
TAMPA, FL 33614 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 MGR
Name PATEL, KIRAN CMD
Address 5403 N. CHURCH AVENUE
City-State-Zip: TAMPA FL 33614

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: KIRAN C PATEL MD

MGR

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date