

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099338

Entity Name: OPTIMUM HEALTHCARE, INC.

Current Principal Place of Business:

5600 MARINER STREET
SUITE 227
TAMPA, FL 33609

FILED
Jun 22, 2020
Secretary of State
0417137815CC

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,
CEO

Name OROZCO, TOMAS I.

Address 9250 FLAGLER STREET

City-State-Zip: MIAMI FL 33174

Title DIRECTOR

Name WAGNER, JAY H.

Address 220 VIRGINIA AVENUE

City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR

Name YOUNG, JACK L.

Address 4425 CORPORATION LANE

City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR

Name TURANO, MICHELLE

Address 4200 W. CYPRESS STREET

City-State-Zip: TAMPA FL 33607

Title CHIEF MEDICAL DIRECTOR

Name STERN, MARK M.

Address 5600 MARINER STREET
SUITE 227

City-State-Zip: TAMPA FL 33609

Title TREASURER

Name SCHER, VINCENT E.

Address 220 VIRGINIA AVENUE

City-State-Zip: INDIANAPOLIS IN 46204

Title VP, SECRETARY

Name KIEFER, KATHLEEN S.

Address 220 VIRGINIA AVENUE

City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER

Name NOBLE, ERIC K

Address 220 VIRGINIA AVENUE

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

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PAPOULIS, STEPHANIE R
Address 3200 W. CYPRESS STREET
City-State-Zip: MIAMI FL 33607