

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000099338

**Entity Name:** OPTIMUM HEALTHCARE, INC.

**Current Principal Place of Business:**

4200 W. CYPRESS STREET  
SUITE 1000  
TAMPA, FL 33607

**FILED**  
**Apr 05, 2021**  
**Secretary of State**  
**1246898066CC**

**Current Mailing Address:**

4200 W. CYPRESS STREET  
SUITE 1000  
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	DIRECTOR
Name	WAGNER, JAY H.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204
Title	DIRECTOR
Name	TURANO, MICHELLE
Address	4200 W. CYPRESS STREET
City-State-Zip:	TAMPA FL 33607
Title	TREASURER
Name	SCHER, VINCENT E.
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

Title	DIRECTOR
Name	YOUNG, JACK L.
Address	4425 CORPORATION LANE
City-State-Zip:	VIRGINIA BEACH VA 23462
Title	CHIEF MEDICAL DIRECTOR
Name	STERN, MARK M.
Address	5600 MARINER STREET SUITE 227
City-State-Zip:	TAMPA FL 33609
Title	VP, SECRETARY
Name	KIEFER, KATHLEEN S.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204
Title	ASST. SECRETARY
Name	PAPOULIS, STEPHANIE R
Address	3200 W. CYPRESS STREET
City-State-Zip:	MIAMI 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 S. KIEFER

**SECRETARY**

**04/05/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            JOHNSON, DOUGLAS J  
Address        4200 W. CYPRESS STREET  
City-State-Zip: TAMPA FL 33607