

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000099338

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

**Current Principal Place of Business:**

5600 MARINER ST  
SUITE 200  
TAMPA, FL 33609

**Current Mailing Address:**

5600 MARINER ST.  
SUITE 200  
TAMPA, FL 33609 US

**FEI Number:** 20-1336412

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PATEL, BIJAL T ESQ  
5600 MARINER ST  
SUITE 227  
TAMPA, FL 33609 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:** BIJAL PATEL ESQ

03/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MGR  
Name PATEL, KIRAN C MD  
Address 5600 MARINER ST  
SUITE 200  
City-State-Zip: TAMPA FL 33609

*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

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date