

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099338

FILED
Mar 14, 2019
Secretary of State
3329285801CC

Entity Name: OPTIMUM HEALTHCARE, INC.

Current Principal Place of Business:

5600 MARINER STREET
SUITE 227
TAMPA, FL 33609

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 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 DIRECTOR, CEO, CFO
Name DESAI, JIGAR J.
Address 5600 MARINER STREET
SUITE 227
City-State-Zip: TAMPA FL 33609

Title CHIEF MEDICAL OFFICER
Name HODGIN, ACE M.
Address 5420 BAY CENTER DRIVE
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

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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

03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name BISESI, PHILLIP
Address 5600 MARINER STREET
SUITE 227
City-State-Zip: TAMPA FL 33609

Title COO
Name GAREAU, NANCY
Address 5600 MARINER STREET
SUITE 227
City-State-Zip: TAMPA FL 33609