

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000001401

Entity Name: OPTIMUM HEALTHCARE IT, LLC

Current Principal Place of Business:

1525-B THE GREENS WAY
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1525-B THE GREENS WAY
JACKSONVILLE BEACH, FL 32250

FEI Number: 45-4481569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRSCHNER, KENNETH M
1431 RIVERPLACE BOULEVARD
SUITE 910
JACKSONVILLE, FL 32202 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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name SCHEURER, GENE
Address 1525-B THE GREENS WAY
City-State-Zip: JACKSONVILLE BEACH FL 32250

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENE SCHEURER

MGRM

04/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date