

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001401

**Entity Name:** OPTIMUM HEALTHCARE IT, LLC

**Current Principal Place of Business:**

1300 MARSH LANDING PARKWAY  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1300 MARSH LANDING PARKWAY  
JACKSONVILLE BEACH, FL 32250 US

**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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GENE SCHEURER

MGMR

04/29/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date