

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001401

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

**Current Principal Place of Business:**

1300 MARSH LANDING PKWY  
SUITE 105  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

1300 MARSH LANDING PKWY  
SUITE 105  
JACKSONVILLE, FL 32250 US

**FEI Number:** 45-4481569

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
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

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           TSC COMPANIES, LLC  
Address        1300 MARSH LANDING PKWY  
                  SUITE 105  
City-State-Zip: JACKSONVILLE 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:** TSC COMPANIES, LLC

**MEMBER**

**03/03/2023**

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

\_\_\_\_\_ Date