

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000052237

Entity Name: OPTIHEALTH, LLC

Current Principal Place of Business:

2563 PRAIRIEVIEW DR.
LOXAHATCHEE, FL 33470

Current Mailing Address:

2563 PRAIRIEVIEW DR.
LOXAHATCHEE, FL 33470 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACLEOD, STACEY B
2563 PRAIRIEVIEW DR.
LOXAHATCHEE, FL 33470 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 AUTHORIZED MEMBER
Name HOUCK, HEATHER
Address 2563 PRAIRIEVIEW DR.
City-State-Zip: LOXAHATCHEE FL 33470

Title MGRM
Name DILLON, STACEY
Address 2563 PRAIRIEVIEW DR.
City-State-Zip: LOXAHATCHEE FL 33470

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: STACEY DILLON

MANAGER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date