2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2017
Secretary of State
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Entity Name: ADVANCED OPTIMAL HEALTHCARE P.L.

Current Principal Place of Business:

4256 BEXLEY VILLAGE DRIVE
LAND O' LAKES, FL 34638

Current Mailing Address:

PO BOX 1131
LAND O' LAKES, FL 34639

FEI Number: 46-3023920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REVERDES, ANTHONY
6431 E. COUNTY LINE RD.
TAMPA, FL 33647 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	MGRM
Name	ORTIZ, ANILDA
Address	PO BOX 1131
City-State-Zip:	LAND O' LAKES FL 34639

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: ANILDA ORTIZ MANAGER 04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date