

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000081275

Entity Name: ADVANCED OPTIMAL HEALTHCARE P.L.

Current Principal Place of Business:

17551 N. DALE MABRY HWY
LUTZ, FL 33548

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:

CATAÑO CABELLOS, CATALINA
3988 WISDOM TRAIL
LAND O LAKES, FL 34638 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: CATALINA CATAÑO CABELLOS

06/16/2020

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

06/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date