

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000102540

**Entity Name:** OPTIMAL SALUD, LLC

**Current Principal Place of Business:**

7100 W. 20TH AVE.  
SUITE 706  
HIALEAH, FL 33016

**Current Mailing Address:**

7100 W. 20TH AVE.  
SUITE 706  
HIALEAH, FL 33016 US

**FEI Number:** 47-1249065

**Certificate of Status Desired:** No

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

THE SKEEN LAW GROUP, P.A.  
1816 HARRISON STREET  
SUITE 4  
HOLLYWOOD, FL 33020 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 MGR  
Name PARDAVE, CECIL  
Address 7100 W. 20TH AVE., SUITE 706  
City-State-Zip: HIALEAH FL 33016

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:** CECIL E PARDAVE

**OWNER**

**02/13/2017**

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

\_\_\_\_\_  
Date