

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000068975

Entity Name: OPTIMUM MANAGED SERVICES, LLC

Current Principal Place of Business:

1300 MARSH LANDING PARKWAY
SUITE 105
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1300 MARSH LANDING PARKWAY
SUITE 105
JACKSONVILLE BEACH, FL 32250

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRSCHNER, KENNETH M
1431 RIVERPLACE BLVD
SUITE 910
JACKSONVILLE, FL 32207 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: KENNETH M KIRSCHNER

04/30/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name OPTIMUM HEALTHCARE IT, LLC
Address 1300 MARSH LANDING PARKWAY
 SUITE 105
City-State-Zip: JACKSONVILLE BEACH 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: GENE SCHEURER

MGR

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date