

**2023 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:** NOT APPLICABLE

**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

04/28/2023

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:** OPTIMUM HEALTHCARE IT, LLC

MANAGER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date