

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000105383

**Entity Name:** OPTIMA HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

4229 SW HIGH MEADOWS AVE  
PALM CITY, FL 34990-3726

**Current Mailing Address:**

4229 SW HIGH MEADOWS AVE  
PALM CITY, FL 34990-3726

**FEI Number:** 65-0356561

**Certificate of Status Desired:** No

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

LOZEAU, LOUIS JR  
1002 SE MONTEREY COMMONS BLVD STE 100  
STUART, FL 34996 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            AMBR  
Name            OHS OPTIMA HOLDINGS, LLC  
Address        4229 SW HIGH MEADOWS AVE  
City-State-Zip: PALM CITY FL 34990-3726

*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:** ALISA D. DAVIS

**CONTROLLER**

**04/29/2016**

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

\_\_\_\_\_  
Date