

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000086538

**Entity Name:** OPTIMLIFE REHAB AND WELLNESS SOLUTIONS, PLLC

**Current Principal Place of Business:**

1501 R.J. CONLAN BLVD. NE  
#120  
PALM BAY, FL 32905

**Current Mailing Address:**

PO BOX 101491  
PALM BAY, FL 32910 US

**FEI Number:** 82-2262249

**Certificate of Status Desired:** No

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

THOMAS, MARK  
1501 R.J. CONLAN BLVD. NE  
#120  
PALM BAY, FL 32905 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 MGRM  
Name THOMAS, MARK  
Address 1768 DELAWARE ST NW  
City-State-Zip: PALM BAY FL 32907

*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:** MARK THOMAS

MGRM

05/01/2023

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

\_\_\_\_\_  
Date