

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000118481

**Entity Name:** OPTIMAL CHOICE MEDICAL, LLC

**Current Principal Place of Business:**

3440 LITHIA PINECREST RD.  
VALRICO, FL 33596

**Current Mailing Address:**

3440 LITHIA PINECREST RD.  
VALRICO, FL 33596 US

**FEI Number:** 83-0756892

**Certificate of Status Desired:** No

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

DHILLON, AMANDEEP  
4304 FAIRCOURT DR.  
VALRICO, FL 33596 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:** AMANDEEP DHILLON

03/25/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRAR, GURINDER K  
Address 3440 LITHIA PINECREST RD.  
City-State-Zip: VALRICO FL 33596

Title MGR  
Name DHILLON, AMANDEEP  
Address 3440 LITHIA PINECREST RD.  
City-State-Zip: VALRICO FL 33596

Title AMBR  
Name BRAR, GURINDER K  
Address 3440 LITHIA PINECREST RD.  
City-State-Zip: VALRICO FL 33596

*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:** AMANDEEP DHILLON

MANAGER

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date