

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