

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000218789

Entity Name: OPTIMUM CARE MEDICAL GROUP, LLC

Current Principal Place of Business:

10520 ALCON BLUE DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

10312 BLOOMINGDALE AVE
STE 108 PMB 339
RIVERVIEW, FL 33578 US

FEI Number: 84-2975800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENALVER, RONOEL
10312 BLOOMINGDALE AVE
STE 108 PMB 339
RIVERVIEW, FL 33578 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 PRESIDENT
Name PENALVER, RONOEL DR.
Address 10312 BLOOMINGDALE AVE
 STE 108 PMB 339
City-State-Zip: RIVERVIEW FL 33578

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: RONOEL PENALVER

PRESIDENT

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date