

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000085950

**Entity Name:** OPTIMAL CARE AT HOME, LLC

**Current Principal Place of Business:**

4895 WINDWARD PASSAGE DRIVE  
SUITE 11 PMB 1013  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

4895 WINDWARD PASSAGE DRIVE  
SUITE 11 PMB 1013  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 84-5182258

**Certificate of Status Desired:** No

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

CELIAN, ROSE  
4895 WINDWARD PASSAGE DRIVE  
SUITE 11 PMB 1013  
BOYNTON BEACH, FL 33436 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 MGR  
Name CELIAN, ROSE  
Address 4895 WINDWARD PASSAGE DRIVE  
SUITE 11 PMB 1013  
City-State-Zip: BOYNTON BEACH FL 33436

Title AP  
Name CELIAN, MARC  
Address 4895 WINDWARD PASSAGE DRIVE  
SUITE 11 PMB 1013  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** ROSE CELIAN

MGR

03/01/2022

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

\_\_\_\_\_  
Date