

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000085950

Entity Name: OPTIMAL CARE AT HOME, LLC

Current Principal Place of Business:

5072 ARBOR CLEN CIRCLE
LAKE WORTH, FL 33463

Current Mailing Address:

5072 ARBOR CLEN CIRCLE
LAKE WORTH, FL 33463 US

FEI Number: 84-5182258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CELIAN, ROSE
5072 ARBOR CLEN CIRCLE
LAKE WORTH, FL 33463 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 5072 ARBOR CLEN CIRCLE
City-State-Zip: LAKE WORTH FL 33463

Title AP
Name CELIAN, MARC
Address 5072 ARBOR CLEN CIRCLE
City-State-Zip: LAKE WORTH FL 33463

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

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date