

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000099704

Entity Name: OPTIMUM HEALTHCARE CONSULTANTS, LLC

Current Principal Place of Business:

7480 SW 87 CT.
MIAMI, FL 33173

Current Mailing Address:

7480 SW 87 CT.
MIAMI, FL 33173 US

FEI Number: 85-3594061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASTESI, RAUL
8105 NW 155 STREET
MIAMI LAKES, FL 33016 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 SZUSTER, ANA C
Address 7480 SW 87 CT.
City-State-Zip: MIAMI FL 33173

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: ANA C. SZUSTER

MGR

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date