2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2025
Secretary of State
0641655437CC

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Entity Name: OPTIMUM SOLUTION HOME HEALTH, LLC

Current Principal Place of Business:

10570 S US HWY 1
SUITE 300-UNIT 60
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

10570 S US HWY 1
SUITE 300-UNIT 60
PORT SAINT LUCIE, FL 34952 US

FEI Number: 88-2396064

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VIXAMAR, YVENA
10570 S US HWY 1
300 UNIT 60
PORT SAINT LUCIE, FL 34952 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: YVENA VIXAMAR 04/03/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MBR	Title	MBR
Name	VIXAMAR, YVENA	Name	BARTHELEMY, FRANTZSO
Address	10570 S US HWY 1, SUITE 300 UNIT 60	Address	10570 S US HWY 1 SUITE 300 UNIT 60
City-State-Zip:	PORT SAINT LUCIE FL 34952	City-State-Zip:	PORT SAINT LUCIE FL 34952

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: YVENA VIXAMAR ADMINISTRATOR 04/03/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date