

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000006357

**Entity Name:** OPTIMUM MEDICAL, LLC

**Current Principal Place of Business:**

11100 SW 131 TERRACE  
MIAMI, FL 33176

**Current Mailing Address:**

11100 SW 131 TERRACE  
MIAMI, FL 33176 US

**FEI Number: 86-3926183**

**Certificate of Status Desired: No**

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

ALFREDO GARCIA-MENICAL, P.A.  
4937 SW 74TH COURT SUITE 3  
MIAMI, FL 33155 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	Title	VP
Name	MESA, RAUL MANUEL	Name	CARDONA, ALDO
Address	11100 SW 131 TERRACE	Address	11100 SW 131 TERRACE
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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: RAUL MESA**

**PRESIDENT**

**03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date