

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034103

Entity Name: OPTIMIZED CARE, L.L.C.

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10560 ALVARADO COURT  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10560 ALVARADO COURT  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 56-2518371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S  
1245 COURT STREET STE 102  
CLEARWATER, FL 33756 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARNARD, DEBRA  
Address: 10560 ALVARADO CT  
City-St-Zip: SEMINOLE, FL 33772

Title: MGR  
Name: BARNARD, JEFF  
Address: 10560 ALVARADO CT  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEBRA BARNARD

MGRM

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date