

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000035198

FILED
Oct 24, 2012
Secretary of State

Entity Name: OPTIMUM PRIMARY CARE, LLC

Current Principal Place of Business:

3950 ARBOR TRACE DRIVE
L
LYNN HAVEN, FL 32444

New Principal Place of Business:

750 HARRISON AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

P O BOX 15668
PANAMA CITY, FL 32406

New Mailing Address:

P O BOX 16528
PANAMA CITY, FL 32406

FEI Number: 26-4656240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARID, WAEL
3950 ARBOR TRACE DRIVE
L
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

FARID, WAEL
3940 ARBOR TRACE DRIVE
V
LYNN HAVEN, FL 32444 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: WAEL FARID

10/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FARID, WAEL
Address: P.O BOX 16528
City-St-Zip: PANAMA CITY, FL 32401

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: WAEL FARID

MD

10/24/2012

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