

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000086111**

1. Entity Name  
OPTIMUM FAMILY CARE P.A.



FILED  
08 JUN 24 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business **3531 Little Rd New Port Richey, FL 34655**  
Mailing Address **1841 LAKE CYPRESS DR SAFETY HARBOR, FL 34695**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



4. FEI Number **54-2069658** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, DANIEL H**  
**8221 SR 54**  
**NEW PORT RICHEY, FL 34655**  
**3531 Little Rd New Port Richey, FL 34655**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DANIEL H 8221 SR 54 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600131594746</b> <b>06/23/08--01052--023 **900.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel H. Rodriguez 6/18/08 (727) 375-1548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #