

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90694 044 ***150.00

DOCUMENT # P02000086111

1. Entity Name
OPTIMUM FAMILY CARE P.A.



Principal Place of Business
**1841 LAKE CYPRESS DR
SAFETY HARBOR FL 34695**

Mailing Address
**1841 LAKE CYPRESS DR
SAFETY HARBOR FL 34695**

90001406



2. Principal Place of Business
8221 STATE ROAD 54

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State

4. FEI Number
54-2069658

Applied For
Not Applicable

Zip
34655

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, DANIEL H
1841 LAKE CYPRESS DR
SAFETY HARBOR FL 34695

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **RODRIGUEZ, DANIEL H**
STREET ADDRESS **1841 LAKE CYPRESS DR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED: Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/3
Date

727-375-1548
Daytime Phone #

CR2E034 (10/02)