

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52786

Entity Name: OPTIMUS HEALTHCARE SERVICES, INC.**Current Principal Place of Business:**1400 OLD COUNTRY ROAD
SUITE 305
WESTBURY, NY 11590-5119**Current Mailing Address:**1400 OLD COUNTRY ROAD
SUITE 305
WESTBURY, NY 11590-5119 US**FEI Number:** 65-0181535**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**A.R.S. AND ASSOCIATES INC
20810 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180 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

Officer/Director Detail :

Title D, CEO
Name WIENER, MARC
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name ORR, KENNETH
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name PRUITT, MICHAEL
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name DEUTSCH, JUSTIN
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name HARTMANN, JAMES
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name MURPHY, JAMES F
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

Title DIRECTOR
Name SCALA, PHILIP
Address 1400 OLD COUNTRY ROAD
SUITE 305
City-State-Zip: WESTBURY NY 11590-5119

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH ORR

DIRECTOR

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date