

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000001860

Entity Name: OPTIMUM CARE SWFL INC

Current Principal Place of Business:

2256 FIRST STREET
SUITE 103
FORT MYERS, FL 33901

Current Mailing Address:

P.O. BOX 1346
LEHIGH ACRES, FL 33970 US

FEI Number: 87-2232552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILIAN, MELISSA
2256 FIRST STREET
SUITE 103
FORT MYERS, FL 33901 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 P
Name MILIAN, MELISSA
Address 2256 FIRST STREET
SUITE 103
City-State-Zip: FORT MYERS FL 33901

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: MELISSA MILIAN

ADMINISTRATOR

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date