

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000001860

Entity Name: OPTIMUM CARE SWFL INC

Current Principal Place of Business:

2256 FIRST STREET; SUITE 103.
LEHIGH ACRES, FL 33901

Current Mailing Address:

P.O. BOX 1492
LEHIGH ACRES, FL 33970 US

FEI Number: 87-2232552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILIAN, MELISSA
1201 BUSINESS WAY #1492
LEHIGH ACRES, FL 33970 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 1201 BUSINESS WAY #1492
City-State-Zip: LEHIGH ACRES FL 33970

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

03/21/2022

Electronic Signature of Signing Officer/Director Detail

Date