

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000054840

**Entity Name:** OPTIMUM CARE SERVICES, INC.

**Current Principal Place of Business:**

1330 BRADDOCK PLACE  
SUITE 204  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

1330 BRADDOCK PLACE  
SUITE 204  
ALEXANDRIA, VA 22314 US

**FEI Number:** 65-0510402

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN  
Name EDELSTEIN, SOL DR  
Address 1330 BRADDOCK PLACE, SUITE 204  
City-State-Zip: ALEXANDRIA VA 22314

Title PRESIDENT  
Name MCALLISTER, PATRICIA  
Address 1330 BRADDOCK PLACE, SUITE 204  
City-State-Zip: ALEXANDRIA VA 22314

Title SECRETARY  
Name CAHILL, MELINDA  
Address 1330 BRADDOCK PLACE, SUITE 204  
City-State-Zip: ALEXANDRIA VA 22314

Title TREASURER  
Name PATRICIA, MCALLISTER  
Address 1330 BRADDOCK PLACE, SUITE 204  
City-State-Zip: ALEXANDRIA VA 22314

*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:** PATRICIA MCALLISTER

**PRESIDENT**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date