

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027414

Entity Name: OPTIMUM MEDICAL DESIGN, LLC

Current Principal Place of Business:

% FS&A 250 CATALONIA AVE
STE 600
CORAL GABLES, FL 33134

Current Mailing Address:

% FS&A 250 CATALONIA AVE
STE 600
CORAL GABLES, FL 33134 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETER M. LOPEZ, P.A.
1911 NW 150 AVE
201
PEMBROKE PINES, FL 33028 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

Authorized Person(s) Detail :

Title MGR
Name CADET, CARLOS M
Address % FS&A 250 CATALONIA AVE STE 600
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name RAGGIO, CLAUDIA
Address % FS&A 250 CATALONIA AVE STE 600
City-State-Zip: CORAL GABLES FL 33134

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS M CADET

MANAGER

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date