

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000092964

Entity Name: OPTIMUM MEDICAL ENTERPRISES, LLC

Current Principal Place of Business:

4665 US 27 SOUTH
SUITE B
SEBRING, FL 33870

Current Mailing Address:

4665 US 27 SOUTH
SUITE B
SEBRING, FL 33870 US

FEI Number: 46-3077241

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DANNY SHUM CPA LLC
5220 S. UNIVERSITY DR.
#207
DAVIE, FL 33328 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 MGRM
Name CAMPBELL, CHRIS
Address 4665 US 27 SOUTH
City-State-Zip: SEBRING FL 33870

Title MGRM
Name CAMPBELL, CRAIG
Address 4665 US 27 SOUTH
City-State-Zip: SEBRING FL 33870

Title MGRM
Name TAYLOR, PERRY A JR.
Address 4665 US 27 SOUTH
City-State-Zip: SEBRING FL 33870

Title MGRM
Name TAYLOR, KEVIN B
Address 4665 US 27 SOUTH
City-State-Zip: SEBRING FL 33870

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: CHRIS CAMPBELL

MANAGING MEMBER

04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date