

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000079290

**Entity Name:** OPTIMUM MD BILLING LLC

**Current Principal Place of Business:**

7480 BIRD ROAD  
SUITE 850  
MIAMI, FL 33155

**Current Mailing Address:**

10700 NW 66TH STREET # 408  
DORAL, FL 33178 US

**FEI Number:** 90-1034606

**Certificate of Status Desired:** Yes

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

CARRASQUILLO, CHRISTIE  
10700 NW 66TH STREET # 408  
DORAL, FL 33178 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:** CHRISTIE CARRASQUILLO

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name CARRASQUILLO, CARLOS  
Address 10700 NW 66TH STREET # 408  
City-State-Zip: DORAL FL 33178

Title MANAGER  
Name CARRASQUILLO, CHRISTIE  
Address 10700 NW 66TH STREET # 408  
City-State-Zip: DORAL FL 33178

*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:** CHRISTIE CARRASQUILLO

MANAGER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date