

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259895

**FILED  
Apr 19, 2021  
Secretary of State  
2659510612CC**

**Entity Name:** ES OPTIMAL HEALTH NETWORK OF FLORIDA, LLC

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD STE 800 B  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1301 RIVERPLACE BLVD STE 800 B  
JACKSONVILLE, FL 32207 US

**FEI Number: 82-3776961**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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: GRACE E. KIRBY**

**04/19/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name CARE OF FL MSO, LLC  
Address 1301 RIVERPLACE BLVD STE 800 B  
City-State-Zip: JACKSONVILLE FL 32207

Title MANAGER  
Name EPISODE SOLUTIONS, LLC  
Address 102 WOODMONT BLVD STE 350  
City-State-Zip: NASHVILLE TN 37205

Title AUTHORIZED REPRESENTATIVE  
Name EADIE, HUTTON  
Address 1301 RIVERPLACE BLVD STE 800 B  
City-State-Zip: JACKSONVILLE FL 32207

*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: HUTTON EADIE**

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date