

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000259895

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

02/20/2020

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 PERSON

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date