

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000003707

Entity Name: OPTIMUM DIRECT CARE LLC

Current Principal Place of Business:

7575 DR PHILLIPS BLVD
SUITE 10
ORLANDO, FL 32819

Current Mailing Address:

7575 DR PHILLIPS BLVD
SUITE 10
ORLANDO, FL 32819 US

FEI Number: 83-2964077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUZZONIGRO, GARY PATRICK JR.
7575 DR PHILLIPS BLVD
SUITE 370
ORLANDO, FL 32819 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: GARY PATRICK MUZZONIGRO JR

04/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHIEF MEDICAL OFFICER
Name MUZZONIGRO, TONI MARIE DR.
Address 1740 OLD FASHIONED WAY
UNIT 2102
City-State-Zip: OCOEE FL 34761

Title CEO
Name MUZZONIGRO, GARY PATRICK JR.
Address 15784 SWEET LIMETTA DR
City-State-Zip: WINTER GARDEN FL 34787

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: GARY MUZZONIGRO JR.

CEO

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date