

RB 000001511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

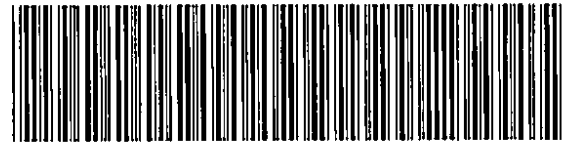
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA Signature

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 24 PM 4:41

FILED

2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Optimal Medical Foundation, Inc.

Name of Corporation

DOCUMENT NUMBER: F23000001517

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louanna Armstrong

Name of Contact Person

Optimal Medical Foundation Inc

Firm/Company

660 South Westshore Drive

Address

Sault Ste Marie, MI 49783

City/State and Zip Code

missluanna@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Greenhalgh

Name of Contact Person

at ( 905 ) 681-2011

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

FILED

2023 MAY 24 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FL

SECTION I  
(1-3 MUST BE COMPLETED)

F23000001517

(Document number of corporation (if known))

1. Optimal Medical Foundation, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. \_\_\_\_\_  
(Incorporated under laws of)

3. 03/15/23

(Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
Secretary	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
Director	<u>Kate McFadzean</u>	<u>7901 4th St N Ste 300</u>	<input type="checkbox"/> Add
		<u>St Petersburg, FL 33702</u>	<input checked="" type="checkbox"/> Remove
Director	<u>Michael Andronikou</u>	<u>1115 E Twiggs St</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa FL 33602</u>	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated, at here



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Janet Greenhalgh

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

Optimal Medical Foundation  
660 S Westshore Dr  
Sault Ste Marie, MI 49783  
(906) 253-2180

May 16, 2023

Florida Dept of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

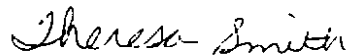
To Whom It May Concern,

Please find the enclosed application for amendment to our foreign nonprofit corporation.

We are only requesting to remove one board member (Kate McFadzean) and add a replacement member (Michael Andronikou)

Our administrative assistant Luanna Armstrong can be reached at the number above if there are further questions or information needed.

Thank you in advance for your help with this matter.



Theresa Smith,  
Bookkeeper

Optimal Medical Foundation  
660 S Westshore Dr  
Sault Ste Marie, MI 49783  
(906) 253-2180

May 16, 2023

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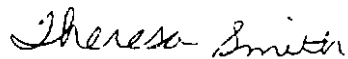
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Theresa Smith,  
Bookkeeper



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2023

LOUANNA ARMSTRON  
660 SOUTH WESTSHORE DRIVE  
SAULT STE MARIE, MI 49783

SUBJECT: OPTIMAL MEDICAL FOUNDATION, INC.  
Ref. Number: F23000001517

We have received your document for OPTIMAL MEDICAL FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 523A00017004



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2023

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Anissa Butler  
Regulatory Specialist II

Letter Number: 523A00017004





March 16, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OPTIMAL MEDICAL FOUNDATION, INC.  
660 SOUTH WESTSHORE DRIVE  
SAULT STE MARIE, MI 49783US

Having fulfilled the requirements of section 607.1503 or 617.1503, Florida Statutes, on March 15, 2023, this Certificate of Authority is hereby issued to OPTIMAL MEDICAL FOUNDATION, INC., a Delaware corporation, in accordance with said statute and assigned document number F23000001517. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number H23000098785.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II  
Registration Section  
Division of Corporations

Letter Number: 723A00006072

