

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001517

FILED
Mar 19, 2024
Secretary of State
7800755083CC

Entity Name: OPTIMAL MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

660 SOUTH WESTSHORE DRIVE
SAULT STE MARIE, MI 49783

Current Mailing Address:

660 SOUTH WESTSHORE DRIVE
SAULT STE MARIE, MI 49783 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ELAND-GREENHALGH, JANET
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name ARMSTRONG, LUANNA
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name ANDRONIKOU, MICHAEL
Address 1115 E TWIGGS ST
City-State-Zip: TAMPA FL 33602

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ANDRONIKOU

DIRECTOR

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date