## 2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000113302

Entity Name: OPTUM INFUSION SERVICES 201, INC.

**FILED** Oct 01, 2024 **Secretary of State** 5400535377CC

## **Current Principal Place of Business:**

5700 DOT COM COURT **SUITE 1030** OVIEDO, FL 32765

## **Current Mailing Address:**

15529 COLLEGE BLVD. LENEXA, KS 66219 US

FEI Number: 55-0802777 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Date Electronic Signature of Registered Agent

City-State-Zip:

Officer/Director Detail:

Title ASST. SECRETARY Title **DIRECTOR** 

LANG. HEATHER ANASTASIA CAREY, KATHRYN EVE Name Name

Address 5700 DOT COM COURT Address 5700 DOT COM COURT **SUITE 1030 SUITE 1030** 

OVIEDO FL 32765 City-State-Zip: OVIEDO FL 32765 City-State-Zip:

DIRECTOR, PRESIDENT, CEO Title Title **SECRETARY** 

Name SATTERWHITE, ERIN ANN Name BURR, KEVIN EUGENE

Address 5700 DOT COM COURT Address 5700 DOT COM COURT

**SUITE 1030 SUITE 1030** OVIEDO FL 32765

Title **TREASURER** 

City-State-Zip:

HIRSCH, MARILYN V. Name 5700 DOT COM COURT Address

**SUITE 1030** 

OVIEDO FL 32765

OVIEDO FL 32765 City-State-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG

**ASSISTANT SECRETARY** 

10/01/2024