

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113302

Entity Name: OPTUM INFUSION SERVICES 201, INC.**Current Principal Place of Business:**5700 DOT COMM COURT
SUITE 1030
OVIDO, FL 32765**Current Mailing Address:**5700 DOT COMM COURT
SUITE 1030
OVIDO, FL 32765 US**FEI Number:** 55-0802777**Certificate of Status Desired:** No**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	BOHMER, KAREN ELIZABETH
Address	1600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

Title	ASST. SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	CAREY, KATHRYN EVE
Address	11000 OPTUM CIR,MN101-E400
City-State-Zip:	EDEN PRAIRIE MN 55344

Title	DIRECTOR, PRESIDENT, CEO
Name	SATTERWHITE, ERIN ANN
Address	11000 OPTUM CIRCLE
City-State-Zip:	EDEN PRAIRIE MN 55344

Title	ASST. SECRETARY
Name	LANGDON, TIMOTHY JOSEPH
Address	2717 N. 118TH ST.,SUITE 300
City-State-Zip:	OMAHA NE 68164

Title	ASST. SECRETARY
Name	OBERG, DAVID JOHN
Address	2300 MAIN STREET
City-State-Zip:	IRVINE CA 92614

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** 04/18/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date