2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2025
Secretary of State
8663216756CC

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Entity Name: OPTUM PHARMACY 801, INC.

Current Principal Place of Business:

24416 N. 19TH AVE.
SUITE 100 A/K/A HAPPY VALLEY
PHOENIX, AZ 85085

Current Mailing Address:

24416 N. 19TH AVE.
SUITE 100 A/K/A HAPPY VALLEY
PHOENIX, AZ 85085 US

FEI Number: 13-4318552

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	ASSISTANT SECRETARY	Title	DIRECTOR
Name	LANG, HEATHER ANASTASIA	Name	CAREY, KATHRYN EVE
Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY	Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY
City-State-Zip:	PHOENIX AZ 85085	City-State-Zip:	PHOENIX AZ 85085
Title	DIRECTOR	Title	CEO
Name	SATTERWHITE, ERIN ANN	Name	SATTERWHITE, ERIN ANN
Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY	Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY
City-State-Zip:	PHOENIX AZ 85085	City-State-Zip:	PHOENIX AZ 85085
Title	PRESIDENT	Title	SECRETARY
Name	SATTERWHITE, ERIN ANN	Name	BURR, KEVIN EUGENE
Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY	Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY
City-State-Zip:	PHOENIX AZ 85085	City-State-Zip:	PHOENIX AZ 85085
Title	TREASURER	Title	CFO
Name	HIRSCH, MARILYN VICTORIA	Name	CAREY, KATHRYN EVE
Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY	Address	24416 N. 19TH AVE. SUITE 100 A/K/A HAPPY VALLEY
City-State-Zip:	PHOENIX AZ 85085	City-State-Zip:	PHOENIX AZ 85085

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 03/26/2025

Electronic Signature of Signing Officer/Director Detail — Date