

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000067752

**Entity Name:** OPTUM INFUSION SERVICES 202, INC.

**Current Principal Place of Business:**

15529 COLLEGE BLVD.  
LENEXA, KS 66219-1351

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**1321004327CC**

**Current Mailing Address:**

15529 COLLEGE BLVD.  
LENEXA, KS 66219-1351 US

**FEI Number: 20-4881413**

**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           TREASURER  
Name           GILL, PETER MARSHALL  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

Title           DIRECTOR  
Name           GROSKLAGS, JEFFREY DAVID  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

Title           ASSISTANT SECRETARY  
Name           LANG, HEATHER ANASTASIA  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

Title           SECRETARY  
Name           PETERSON, KAREN ELIZABETH  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

Title           PRESIDENT  
Name           ZEGLINSKI, MICHAEL GERARD  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

Title           DIRECTOR  
Name           ZEGLINSKI, MICHAEL GERARD  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

Title           VP  
Name           KELLY, JOHN WILLIAM  
Address        15529 COLLEGE BLVD.  
City-State-Zip: LENEXA KS 66219-1351

*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: LANG, HEATHER ANASTASIA**

**ASSISTANT SECRETARY    04/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date