

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102522

Entity Name: OPTUM INFUSION SERVICES 205, INC.

Current Principal Place of Business:

15529 COLLEGE BLVD.
LENEXA, KS 66219-1351

Current Mailing Address:

15529 COLLEGE BLVD.
LENEXA, KS 66219-1351 US

FEI Number: 26-3738273

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 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 DIRECTOR
Name SATTERWHITE, ERIN ANN
Address 15529 COLLEGE BLVD.
City-State-Zip: LENEXA KS 66219-1351

Title DIRECTOR
Name CAREY, KATHRYN EVE
Address 15529 COLLEGE BLVD.
City-State-Zip: LENEXA KS 66219-1351

Title CEO
Name SATTERWHITE, ERIN ANN
Address 15529 COLLEGE BLVD.
City-State-Zip: LENEXA KS 66219-1351

Title PRESIDENT
Name SATTERWHITE, ERIN ANN
Address 15529 COLLEGE BLVD.
City-State-Zip: LENEXA KS 66219-1351

Title TREASURER
Name HIRSCH, MARILYN VICTORIA
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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 03/27/2025

Electronic Signature of Signing Officer/Director Detail

Date