

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008941

**Entity Name:** OPTUM FRONTIER THERAPIES, LLC

**Current Principal Place of Business:**

11000 OPTUM CIRCLE  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

11000 OPTUM CIRCLE  
EDEN PRAIRIE, MN 55344 US

**FEI Number:** 45-2301399

**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

**Authorized Person(s) Detail :**

Title MANAGER  
Name ZEGLINSKI, MICHAEL GERARD  
Address 11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER  
Name GROSKLAGS, JEFFREY DAVID  
Address 11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, 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 Authorized Person(s) Detail

Date