

**2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M17000006150

**Entity Name:** OPTUMCARE FLORIDA CI, LLC

**Current Principal Place of Business:**

2000 16TH STREET  
JLD/SECGOVFIN.  
DENVER, CO 80202

**Current Mailing Address:**

601 HAWAII STREET,ATTN: JLD/SECGOVFIN.  
EL SEGUNDO, CA 90245 US

**FEI Number:** 82-2227280

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 COO  
Name SIMPSON, TESSA  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title CHIEF MEDICAL DIRECTOR  
Name ALLEN, BARBARA L. MD  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title CFO  
Name GREEN, JAY  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title SECRETARY  
Name LIETHEN, JOHN GEORGE  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title CEO  
Name MALONEY, JEFFREY WILLIAM  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title MANAGER  
Name MALONEY, JEFFREY WILLIAM  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 2000 16TH STREET  
JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

*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 08/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date