

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000007681

Entity Name: OPTUMCARE FLORIDA, LLC**Current Principal Place of Business:**2000 16TH STREET
DENVER, CO 80202**Current Mailing Address:**601 HAWAII STREET
EL SEGUNDO, CA 90245 US**FEI Number:** 87-0408859**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 CFO
Name GREEN, JAY
Address 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title COO
Name SIMPSON, TESSA
Address 2000 16TH STREET
City-State-Zip: DENVER CO 80202

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

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

Title MANAGING MEMBER
Name OPTUMCARE MANAGEMENT, LLC
Address 2000 16TH STREET
City-State-Zip: DENVER CO 80202

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

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Continues on page 2

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: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY** 05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 2000 16TH STREET
City-State-Zip: DENVER CO 80202

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

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

Title SECRETARY
Name LIETHEN, JOHN GEORGE
Address 2000 16TH STREET
City-State-Zip: 80202 CO 80202