

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32870

FILED
Mar 30, 2011
Secretary of State

Entity Name: OPTUMHEALTH CARE SOLUTIONS, INC.

Current Principal Place of Business:

6300 OLSON MEMORIAL HIGHWAY
GOLDEN VALLEY, MN 55427

New Principal Place of Business:

Current Mailing Address:

PO BOX 1459
MN012-S117
MINNEAPOLIS, MN 554401459

New Mailing Address:

6300 OLSON MEMORIAL HIGHWAY
GOLDEN VALLEY, MN 55427

FEI Number: 41-1591944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: WEBB, ROBERT THOMAS
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: SEC
Name: RYAN, TIMOTHY F
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: VP
Name: KELLY, JOHN WILLIAM
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: DIR
Name: OWENS, DAWN MARIE
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: DIR
Name: PRINCE, JOHN MICHAEL
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

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: MANDELIN HENDRICKS

POA

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date