

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32870

Entity Name: OPTUMHEALTH CARE SOLUTIONS, INC.**Current Principal Place of Business:**6300 OLSON MEMORIAL HIGHWAY
GOLDEN VALLEY, MN 55427**Current Mailing Address:**6300 OLSON MEMORIAL HIGHWAY
GOLDEN VALLEY, MN 55427 US**FEI Number: 41-1591944****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 PRESIDENT, DIRECTOR
Name WEISSEL, MICHAEL ERIC
Address 100 QUANNAPOWITT PARKWAY
 SUITE 405
City-State-Zip: WAKEFIELD MA 01880

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name WENGER, BRIAN DONALD
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title SECRETARY
Name WARMUTH, JAY ANTHONY
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY
Name HUNTLEY, MICHELLE MARIE
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name MURRAY, THOMAS MARTIN
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 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: MICHELLE MARIE HUNTLEY**ASSISTANT SECRETARY 04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date