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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**OptumHealth Care Solutions, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06 (7)
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS

12/17/09

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** OptumHealth Care Solutions, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andria Schwanz

Name of Person

UnitedHealth Group Incorporated

Firm/Company

9900 Bren Road East

Address

Minnetonka, MN 55343

City/State and Zip code

aschwanz@uhc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Ehrenzeller

Name of Person

at ( 303 ) 454-2405

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Cop

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. OptumHealth Care Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 27-1271458  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/2009 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6300 Olson Memorial Highway, Golden Valley, MN 55427  
(Principal office address)

same  
(Current mailing address)

8. SEE ATTACHMENT  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

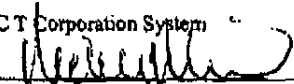
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C T Corporation System  
  
(Registered agent's signature)

**Michele Miller**  
**Assistant Secretary**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robert T. Webb

Address: 6300 Olson Memorial Hwy

Golden Valley, MN 55427

Director: Jeffrey D. Grosklags

Address: 6300 Olson Memorial Hwy

Golden Valley, MN 55427

**B. OFFICERS SEE ATTACHMENT**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: John W. Kelly

Address: 6300 Olson Memorial Hwy

Golden Valley, MN 55427

Secretary: Timothy F. Ryan

Address: 6300 Olson Memorial Hwy, Golden Valley, MN 55427

Treasurer: Robert W. Oberrender

Address: 6300 Olson Memorial Hwy, Golden Valley, MN 55427

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michelle Huntley Dill  
(Signature of Director or Officer listed in number 12 of the application)

14. Michelle Huntley Dill, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

**Attachment to Florida**

**Purpose Clause**

To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

**Officers & Directors**

- |   |                   |                          |
|---|-------------------|--------------------------|
| 1 | Full Name:        | Robert T. Webb           |
|   | Officer/Director: | Officer, Director        |
|   | Officer's Title:  | CEO                      |
|   | Director's Title: | Other Director           |
|   | Business Address: | 6300 Olson Memorial Hwy  |
|   | City:             | Golden Valley            |
|   | State:            | MN                       |
|   | ZIP Code:         | 55427                    |
| 2 | Full Name:        | Jeffrey D. Grosklags     |
|   | Officer/Director: | Officer, Director        |
|   | Officer's Title:  | CFO                      |
|   | Director's Title: | Other Director           |
|   | Business Address: | 6300 Olson Memorial Hwy  |
|   | City:             | Golden Valley            |
|   | State:            | MN                       |
|   | ZIP Code:         | 55427                    |
| 3 | Full Name:        | Jennifer L. Harper       |
|   | Officer/Director: | Officer                  |
|   | Officer's Title:  | Ast. Secretary           |
|   | Director's Title: |                          |
|   | Business Address: | 6300 Olson Memorial Hwy  |
|   | City:             | Golden Valley            |
|   | State:            | MN                       |
|   | ZIP Code:         | 55427                    |
| 4 | Full Name:        | Michelle M. Huntley Dill |
|   | Officer/Director: | Officer                  |
|   | Officer's Title:  | Ast. Secretary           |
|   | Director's Title: |                          |
|   | Business Address: | 6300 Olson Memorial Hwy  |
|   | City:             | Golden Valley            |
|   | State:            | MN                       |

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUMHEALTH CARE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7699648

DATE: 12-15-09