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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 : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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 Behavioral Solutions, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

RECEIVED
09 DEC 18 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OptumHealth Behavioral 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@uho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Ehrenzeller at (303) 454-2405
Name of Person 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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TALLAHASSEE, FLORIDA

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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 Behavioral 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

(State or country under the law of which it is incorporated)

3. 27-1270743

(FEI number, if applicable)

4. 10/28/2009

(Date of incorporation)

5. Perpetual

(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. 425 Market Street, 27th Floor, San Francisco, CA 94105

(Principal office address)

(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

(City)

, Florida 33324

(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.

C T Corporation System

By: _____

(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: Gregory A. Bayer

Address: 425 Market St., 27th Floor

San Francisco, CA 94105

Director: Dawn M. Owens

Address: 425 Market St., 27th Floor

San Francisco, CA 94105

B. OFFICERS SEE ATTACHMENT

President: _____

Address: _____

Vice President: John W. Kelly

Address: 425 Market St., 27th Floor

San Francisco, CA 94105

Secretary: Timothy F. Ryan

Address: 425 Market St., 27th Floor, San Francisco, CA 94105

Treasurer: Robert W. Oberrender

Address: 425 Market St., 27th Floor, San Francisco, CA 94105

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)

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SECRETARY OF STATE

any lawful act of activity for which corporations may be organized under the General Corporation law of the State of Delaware

1	Full Name:	Gregory A. Bayer
	Officer/Director:	Officer, Director
	Officer's Title:	CEO
	Director's Title:	Other Director
	Business Address:	425 Market St., 27th Floor
	City:	San Francisco
	State:	CA
	ZIP Code:	94105
2	Full Name:	Leslie J. Davis
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	425 Market St., 27th Floor
	City:	San Francisco
	State:	CA
	ZIP Code:	94105
3	Full Name:	Michelle M. Huntley Dill
	Officer/Director:	Officer
	Officer's Title:	Ast. Secretary
	Director's Title:	
	Business Address:	425 Market St., 27th Floor
	City:	San Francisco
	State:	CA
	ZIP Code:	94105
4	Full Name:	Robert D. Mehus
	Officer/Director:	Officer
	Officer's Title:	Ast. Secretary
	Director's Title:	
	Business Address:	425 Market St., 27th Floor
	City:	San Francisco
	State:	CA

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TALLAHASSEE, FLORIDA

ZIP Code: 94105
5 Full Name: Patrick S. Scallen
Officer/Director: Officer
Officer's Title: Ast. Secretary
Director's Title:
Business Address: 425 Market St., 27th Floor
City: San Francisco
State: CA
ZIP Code: 94105
6 Full Name: David L. Sparkman
Officer/Director: Director
Officer's Title:
Director's Title: Other Director
Business Address: 425 Market St., 27th Floor
City: San Francisco
State: CA
ZIP Code: 94105

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUMHEALTH BEHAVIORAL 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTUMHEALTH BEHAVIORAL SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2009.

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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7706954

DATE: 12-17-09