

F10000000616

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

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**REGISTERED AGENT CHANGE
LOGISTICS HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

FA Chang

Electronic Filing Menu

Corporate Filing Menu

Help

DC 01/13/12

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: LOGISTICS HEALTH, INC.
Name of Corporation

DOCUMENT NUMBER: F10000000616

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Angie Meyer
Name of Contact Person

UnitedHealth Group
Firm/Company

9900 Bren Road East MN008-T502

Address

Minnetonka, MN 55343

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

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of WI in order to change its registered office or registered agent; or both, in the State of Florida.

1. The name of the corporation: LOGISTICS HEALTH, INC.
2. The principal office address: 328 FRONT ST. SOUTH LA CROSSE WI 54601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/04/2010 Document number: F10000000616
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE 4 WESTON FL 33331 US

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jean Nelson
Signature of an officer or director

Jeanne Nelson, Vice President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: *Michele Miller*
Signature of Registered Agent

1/11/12
Date

If signing on behalf of an entity:

Michele Miller
Assistant Secretary

Michele Miller

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2ED45 (8/05)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Logistics Health, Inc. ("The Corporation") a Corporation incorporated under the laws of the state of Wisconsin does hereby appoint Jeanne Nelson and Michele Miller, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jeanne Nelson and Michele Miller shall exercise the power of Vice President, Secretary and/or Manager.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this January 6, 2012

Logistics Health, Inc.
A Wisconsin Corporation

By: *Michelle Huntley Dill*
Name: Michelle Huntley Dill
Title: Assistant Secretary

State of Minnesota
County of Hennepin

On January 6, 2012 before me, the undersigned, a Notary Public in and for said State, personally appeared Michelle Huntley Dill personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Angie T. Meyer
Angie Meyer, Notary Public

