

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003130

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** OPTUMHEALTH FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2525 LAKE PARK BLVD  
WEST VALLEY, UT 84120

**New Principal Place of Business:**

12501 WHITEWATER DR  
MINNETONKA, MN 55343

**Current Mailing Address:**

2525 LAKE PARK BLVD  
WEST VALLEY, UT 84120

**New Mailing Address:**

12501 WHITEWATER DR  
MINNETONKA, MN 55343

**FEI Number:** 47-0858530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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: WILKINS, CHARLES LOUIS  
Address: 12501 WHITEWATER DR  
City-St-Zip: MINNETONKA, MN 55343

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 12501 WHITEWATER DR  
City-St-Zip: MINNETONKA, MN 55343

Title: SEC  
Name: LONGE, CHRISTINE ANN  
Address: 12501 WHITEWATER DR  
City-St-Zip: MINNETONKA, MN 55343

Title: VP  
Name: KELLY, JOHN WILLIAM  
Address: 12501 WHITEWATER DR  
City-St-Zip: MINNETONKA, MN 55343

Title: DIR  
Name: MOYER, BRUCE  
Address: 12501 WHITEWATER DR  
City-St-Zip: MINNETONKA, MN 55343

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