

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005036

FILED
Apr 26, 2012
Secretary of State

Entity Name: OPTUM CLINICAL SERVICES, INC.

Current Principal Place of Business:

9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Principal Place of Business:

9900 BREN ROAD EAST
MINNETONKA, MN 55343 US

Current Mailing Address:

9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Mailing Address:

9900 BREN ROAD EAST
MINNETONKA, MN 55343 US

FEI Number: 45-3142512

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: PD
Name: RODGERS, STEPHAN S PD
Address: 13625 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: SEC
Name: DIOGUARDI, MICHAEL JOHN SEC
Address: 6300 GOLDEN VALLEY ROAD
City-St-Zip: GOLDEN VALLEY, MN 55427 US

Title: TREA
Name: OBERRENDER, ROBERT WORTH TREA
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

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

04/26/2012

Electronic Signature of Signing Officer or Director

Date